Sec. 151-1123 of the Revised Code of the Consolidated City and County requires all Councillors and any declared candidate for City-County Council to file this statement. For the year 2009, the statement is due July 1, 2009. Thereafter, the statement is due February 1 or within 30 days of taking office. Candidates are required to file before or at the same time as filing a candidate's declaration or petition.

Failure to file this form in a timely manner may subject the Councillor or candidate to sanctions by the Ethics Committee of the City-County Council.

### ALL QUESTIONS MUST BE ANSWERED COMPLETELY AND LEGIBLY a. Your Name: PACIL BATEMAN 1. b. Your Residence: 4425 BARNOR DR INDOS IN 46226 c. Your Business Address: 2. a. Did You Receive Compensation From Any Employers in the Prior Year? YES \_ NO \_ If Yes, the Name and Address of all Such Employers Employer's Name:\_\_\_\_\_ Employer's Address: [IF YOU HAD MORE THAN ONE EMPLOYER, USE ADDITIONAL SHEETS] b. Were You Self-Employed? YES NO If Yes, the Nature of Such Business and the Name Under Which Conducted:

	Nature of the Business:
	Name under Which Such Business was Conducted:
	a. During the Prior Calendar Year, Did Your Spouse Receive Compensation in excess of \$5000.00 from an Employer?  YESNO
	If Yes, the Name and Address of Such Employer
	Employer's Name:
	Employer's Address:
	[IF YOUR SPOUSE WAS PAID \$5000.00 BY ADDITIONAL EMPLOYERS USE ADDITIONAL SHEET.
	b. During the Prior Calendar Year, Did Any of Your Dependant Children Receive Compensation in Excess of \$5000.00 from an Employer?  YESNO
	If Yes, the Name and Address of Such Employer
	Name of Dependant Child
ĺ	Employer's Name
l	Employer's Address

	Did You, Your Spouse or any of Your Dependant Children Either (i) Serve as an Officer of, (ii) Own an Equity Interest or Interest in the Earnings or Profits that Individually or in the Aggregate Exceeds 10%, in, or (iii) Directly or Indirectly Receive Compensation, in Aggregate in Excess of \$5000.00 During the Past Year, from Any Business that did Business with or Solicited Business with the City or County?
	YES NO
	If Yes, the Name and Addresses of Such Business Entities
	Entity's Name:
	Entity's Address:
	[IF YOU, YOUR SPOUSE OR DEPENDANT CHILDREN HAD OTHER ENTITIES THAT MUST BE DISCLOSED ATTACH ADDITIONAL SHEETS]  Did You, Your Spouse, or any Dependant Child Serve as an Officer or Board Member of any Organization that Received or Applied for Funding from the City or County?  YES NO [
1	If Yes, The Name and Address of such Organization or Organizations:
	Person Serving: Councillor: Spouse Dependant Child
	Name of Organization:
A	Address of Organization:

ORGANIZATIONS THAT MUST BE DISCLOSED ATTACH ADDITIONAL SHEETS

6.	Except for Campaign Donations, Subject to IC 3-9-2 and Reported in Accordance with Law or Gifts from Persons Including Family Members with whom you have an On-Going Social Relationship not Related to Service on the Council Which are not Subject to Reporting on this form, did you Receive any Gifts, or Other Items, Valued Over \$100, or in the Aggregate over \$250, in the Prior Year From Any Person or Firm that does Business with or Seeks to do Business with the City or County or which YESNO
	If Yes, List the Names of Such Persons or Firms:
7.	I ACKNOWLEDGE THAT IF ANY ITEMS REPORTED IN ITEMS 1 THROUGH 4 ABOVE CHANGE DURING THE YEAR I WILL UPDATE SUCH INFORMATION WITHIN 45 DAYS OF THE CHANGE.
	If the Space Provided on this Form is Inadequate, Additional Sheets may be used to Provide the Additional Information. <b>Are You Attaching Additional Sheets?</b> YES NO If Yes, How May Additional Sheets are Attached?
I AFFI	RM UNDER PENALTIES FOR PERJURY THAT MY STATEMENTS ARE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.
<u> </u>	CILLOR DATE
	ATE AND DETUDNING

ADDITIONAL SHEET OF
ADDITIONAL RESPONSE TO QUESTION
APPLICABLE TO: COUNCILLOR CANDIDATE SPOUSE DEPENDANT CHILD
PERSON, ENTITY OR ORGANIZATION
ADDRESS:
ADDITIONAL RESPONSE TO QUESTION
APPLICABLE TO: COUNCILLOR CANDIDATE SPOUSE DEPENDANT CHILD
PERSON, ENTITY OR ORGANIZATION
ADDRESS:
ADDITIONAL RESPONSE TO QUESTION
APPLICABLE TO: COUNCILLOR CANDIDATE SPOUSE DEPENDANT CHILD
PERSON, ENTITY OR ORGANIZATION
ADDRESS:

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	a. Your Name: Virginia Jean Alig Cain (Ginny)
	b. Your Residence: 9101 Anchor Mark Drive, Indpls. IN 4636
•	c. Your Business Address:
	a. Did You Receive Compensation From Any Employers in the Prior Year?  VES VO
	f Yes, the Name and Address of all Such Employers
E	mployer's Name: City of Indianapolis as city. County (
E	mployer's Name: <u>City of Indianapolis as City County</u> (mployer's Address: <u>City County Building</u> <u>Indols.</u> In 46 204
	F YOU HAD MORE THAN ONE EMPLOYER, USE ADDITIONAL SHEETS]
	Were You Self-Employed?
).	ES_NO \( \frac{\frac{1}{2}}{2} \)

	Nature of the Business:
	Name under Which Such Business was Conducted:
	a. During the Prior Calendar Year, Did Your Spouse Receive Compensation is excess of \$5000.00 from an Employer?  YES NO
	If Yes, the Name and Address of Such Employer
	Employer's Name: Teleflex Medical
	Employer's Address: 2917 Weck Drive, 7.0. Box 12600,
	Research Triangle Park, N.C. 277
	[IF YOUR SPOUSE WAS PAID \$5000.00 BY ADDITIONAL EMPLOYERS USE ADDITIONAL SH.  b. During the Prior Calendar Year, Did Any of Your Dependant Children Recompensation in Excess of \$5000.00 from an Employer?  YESNO
	If Yes, the Name and Address of Such Employer
Ì	Name of Dependant Child
1	Employer's Name
	Employer's Name  Employer's Address

	DANK
4.	Did You, Your Spouse or any of Your Dependant Children Either
	(i) Serve as an Officer of, (ii) Own an Equity Interest on Interest of the state of
	(ii) Own an Equity Interest or Interest in the Earnings or Profits that Individually or in the Aggregate Exceeds 10%, in, or
	(iii) Directly or Indirectly Receive Compensation, in Aggregate in Excess of \$5000.00
	s at mg the rast rear, month
	Any Business that did Business with or Solicited Business with the City or County?
	YES X NO
	If Yes, the Name and Addresses of Such Business Entities
	Entity's Name:
	Teleflex Medical
	Entity's Address:
	all Week Drive, P.O. Box 12600, Research Thangle Pa
	north Carolina 27709
	[IF YOU, YOUR SPOUSE OR DEPENDANT CHILDREN HAD OTHER ENTITIES THAT MUST BE DISCLOSED ATTACH ADDITIONAL SHEETS]
•	Did You, Your Spouse, or any Dependant Child Serve as an Officer or Board
	Without of any Organization that Received or Applied for E
	County? YES X NO
	YES X NO
	If Yes. The Name and Address of the LO
	If Yes, The Name and Address of such Organization or Organizations:
	Person Serving: Councillor: Spouse Dependant Child
	Name of Organization:
	Heartland: Truly Moving Pictures; Indianapolis Dountoun, Inc.
	Address of Organization:
	Heartland: 2005. Meridian Street, str. 220, Indpls. IN 46225
	Indpls. Downtown Inc.,: Chase Tower, 11/ Monument Circle
	LA TOO, TOOK SECOSE OK DEPENDANT CHILD DEN HAD DOCUTIONS BY OFFICE
	ORGANIZATIONS THAT MUST BE DISCLOSED ATTACH ADDITIONAL SHEETS  Indpis. IN
	46204

6.	Except for Campaign Donations, Subject to IC 3-9-2 and Reported in Accordance with Law or Gifts from Persons Including Family Members with whom you have an On-Going Social Relationship not Related to Service on the Council Which are not Subject to Reporting on this form, did you Receive any Gifts, or Other Items, Valued Over \$100, or in the Aggregate over \$250, in the Prior Year From Any Person or Firm that does Business with or Seeks to do Business with the City or County or which Seeks to Influence Council Action?
	If Yes, List the Names of Such Persons or Firms:
	Indianapolis Power + Light  Indianapolis Motor Speedway
7.	I ACKNOWLEDGE THAT IF ANY ITEMS REPORTED IN ITEMS 1 THROUGH 4 ABOVE CHANGE DURING THE YEAR I WILL UPDATE SUCH INFORMATION WITHIN 45 DAYS OF THE CHANGE.
	If the Space Provided on this Form is Inadequate, Additional Sheets may be used to Provide the Additional Information. <b>Are You Attaching Additional Sheets?</b> YES NO  If Yes, How May Additional Sheets are Attached?
AF ΓRU	FIRM UNDER PENALTIES FOR PERJURY THAT MY STATEMENTS ARE EAND ACCURATE TO THE BEST OF MY KNOWLEDGE.
	rama Jean Alig Cain 6/25/09  NOILLOR DATE

ADDITIONAL SHEET OF
ADDITIONAL RESPONSE TO QUESTION
APPLICABLE TO: COUNCILLOR CANDIDATE SPOUSE DEPENDANT CHILD
PERSON, ENTITY OR ORGANIZATION
ADDRESS:
ADDITIONAL RESPONSE TO QUESTION
APPLICABLE TO: COUNCILLOR CANDIDATE SPOUSE DEPENDANT CHILD
PERSON, ENTITY OR ORGANIZATION
ADDRESS:
ADDITIONAL RESPONSE TO QUESTION
APPLICABLE TO: COUNCILLOR CANDIDATE SPOUSE DEPENDANT CHILD
PERSON, ENTITY OR ORGANIZATION
ADDRESS:

î

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### ALL QUESTIONS MUST BE ANSWERED COMPLETELY AND LEGIBLY a. Your Name: JEFFERY L. CARDWEY 1. b. Your Residence: 7613 Huppleston DRIVE East INDIANAPOLIS, IN 46217 c. Your Business Address: 3205 MADISON AVENUE INDIANAPOLIS, IN 46227 a. Did You Receive Compensation From Any Employers in the Prior Year? 2. YES 🗹 NO \_\_\_ If Yes, the Name and Address of all Such Employers Employer's Name: SEE AttacheD Employer's Address: [IF YOU HAD MORE THAN ONE EMPLOYER, USE ADDITIONAL SHEETS] b. Were You Self-Employed? YES **V**NO If Yes, the Nature of Such Business and the Name Under Which Conducted:

	Name under Which Such Business was Conducted:
	a. During the Prior Calendar Year, Did Your Spouse Receive Compensation in excess of \$5000.00 from an Employer?  YESNO
	If Yes, the Name and Address of Such Employer
]	Employer's Name:
	Employer's Address:
_	TIF YOUR SPOUSE WAS PAID \$5000.00 BY ADDITIONAL EMPLOYERS USE ADDITIONAL SHEA
(	o. During the Prior Calendar Year, Did Any of Your Dependant Children Recei Compensation in Excess of \$5000.00 from an Employer? YES NO
I	f Yes, the Name and Address of Such Employer
ľ	Name of Dependant Child
	Employer's Name
	Employer's Address

ring the Past Year, from y Business that did Business with or Solicited Business with the City or County?  S NO  Ves, the Name and Addresses of Such Business Entities  Sity's Name: SSOCIATED MATERIALS, TUC. d/b/a CARDWEU Do it Best Home Centrity's Address:  205 MADISON AURULE  SDIANAPOUS, TN 46227-1127
S NO Yes, the Name and Addresses of Such Business Entities  tity's Name: SSOCIATED MATERIALS, TUC. D/b/q CARDWELL Do. IT Best Home Centrity's Address:  ZDS MADISON AURULE
tity's Name: SSOCIATED MATERIALS, INC. d/blq CARDWELL DO:IT Best Home Cent City's Address: 205 MADISON AVENUE
ssociated Materials, TVC. d/blq CARDWEU Do.it Best Home Ceut sity's Address: ZDS MADISON AVENUE
city's Address: 205 Madison Avenue
YOU, YOUR SPOUSE OR DEPENDANT CHILDREN HAD OTHER ENTITIES THAT MUST BE CLOSED ATTACH ADDITIONAL SHEETSJ
You, Your Spouse, or any Dependant Child Serve as an Officer or Board nber of any Organization that Received or Applied for Funding from the City or anty?
es, The Name and Address of such Organization or Organizations:
on Serving: Councillor: 🗸 Spouse Dependant Child
ne of Organization: SEE Attached
ress of Organization:

[IF YOU, YOUR SPOUSE OR DEPENDANT CHILDREN HAD POSITIONS IN OTHER ORGANIZATIONS THAT MUST BE DISCLOSED ATTACH ADDITIONAL SHEETS

5.

6.	Except for Campaign Donations, Subject to IC 3-9-2 and Reported in Accordance with Law or Gifts from Persons Including Family Members with whom you have an On-Going Social Relationship not Related to Service on the Council Which are not Subject to Reporting on this form, did you Receive any Gifts, or Other Items, Valued Over \$100, or in the Aggregate over \$250, in the Prior Year From Any Person or Firm that does Business with or Seeks to do Business with the City or County or which Seeks to Influence Council Action?  YES NO
	If Yes, List the Names of Such Persons or Firms:  INDIANAPOLIS MOTOR SPEEDWAY  INDIANA PACERS  INDIANAPOLIS POWER & Light Company
7.	I ACKNOWLEDGE THAT IF ANY ITEMS REPORTED IN ITEMS 1 THROUGH 4 ABOVE CHANGE DURING THE YEAR I WILL UPDATE SUCH INFORMATION WITHIN 45 DAYS OF THE CHANGE.
	If the Space Provided on this Form is Inadequate, Additional Sheets may be used to Provide the Additional Information. Are You Attaching Additional Sheets?  YES NO_ If Yes, How May Additional Sheets are Attached?
I AFF TRUE	IRM UNDER PENALTIES FOR PERJURY THAT MY STATEMENTS ARE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.
cour	Jeffery L. Cardwell  OHLOR  DATE

## From the Office of Jeffery L. Cardwell, City-County Councillor 3205 Madison Avenue • Indianapolis, IN 46227 • (317) 781-4769

#### <u>Indianapolis City-County Council Ethics Disclosure Statement – Continued</u>

Question 2 a. Did you receive compensation from any employers in the prior year?

Answer: YES

If Yes, the name and address of all such employers:

Associated Materials, Inc. d/b/a Cardwell Do-it Best Home Center 3205 Madison Avenue Indianapolis, IN 46227-1127

Cardwell, REALTORS 3205 Madison Avenue Indianapolis, IN 46227-1127

Madison Capital, LLC 3205 Madison Avenue Indianapolis, IN 46227-1127

J. M. Holdings, LLC 3205 Madison Avenue Indianapolis, IN 46227-1127 City of Indianapolis – The Council City County Building, Room T241 200 E. Washington Street Indianapolis, IN 46203

Huddleston Professional Centre, Inc. 3205 Madison Avenue Indianapolis, IN 46227-1127

J.C. Madison, LLC 3205 Madison Avenue Indianapolis, IN 46227-1127

Question 2 b. Were you Self-Employed?

Answer: YES

Associated Materials, Inc. d/b/a Cardwell Do-it Best Home Center

General Retail Hardware Store, Tool Rental and Building Material Supplier

Cardwell, REALTORS

Residential & Commercial Real Estate Broker

Huddleston Professional Centre, Inc.

Property Management/Investment / Leasing Broker

Madison Capital, LLC

Commercial Property Management/Investment

J.C. Madison, LLC

Residential/Commercial Management/Investment

J.M. Holdings, LLC

Industrial Property Management/Investment

Question 5. Did you, your spouse, or any dependant child serve as an officer or board member of any organizations that received or applied for funding from the City or County?

Answer: YES Person Serving: Councillor

Gateway Business Alliance, Inc. d/b/a Gateway Community Alliance A registered not-for-profit organization 3205 Madison Avenue Indianapolis, IN 46227-1127

Indianapolis City Market Corporation A registered not-for-profit organization Volunteer Board Member 222 E. Market Street Indianapolis, IN 46204

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-	<u>ALL QUESTIONS MUST BE ANSWERED COMPLETELY AND LEGIBL</u>
	a. Your Name: BOB COCKRUM
	b. Your Residence:
-	6004 W. RALSTON RD.
-	INDIANAPOLIS, IN 46221-9678
C	2. Your Business Address:
_	
a Y	. Did You Receive Compensation From Any Employers in the Prior Year?
If	Yes, the Name and Address of all Such Employers
E	mployer's Name: CITY OF TMPIANAPOLIS
Eı	nployer's Address: 200 E, WASHINGTON 57,
	INDIANAPOLIS IN 46204
	YOU HAD MORE THAN ONE EMPLOYER, USE ADDITIONAL SHEETS!
TF	TADIANAPOLIS, Th. 462.04  YOU HAD MORE THAN ONE EMPLOYER, USE ADDITIONAL SHEETS]  Were You Self-Employed?  S_NO

	Name under Which Such Business was Conducted:
	a. During the Prior Calendar Year, Did Your Spouse Receive Compensation in excess of \$5000.00 from an Employer?
	If Yes, the Name and Address of Such Employer
	Employer's Name:
	Employer's Address:
	[IF YOUR SPOUSE WAS PAID \$5000.00 BY ADDITIONAL EMPLOYERS USE ADDITIONAL SHEETS b. During the Prior Calendar Year, Did Any of Your Dependant Children Receive Compensation in Excess of \$5000.00 from an Employer?  YESNO
]	If Yes, the Name and Address of Such Employer
ľ	Name of Dependant Child
F	Employer's Name
	Employer's Address
E	

4.	Did You, Your Spouse or any of Your Dependant Children Either  (i) Serve as an Officer of,  (ii) Own an Equity Interest or Interest in the Earnings or Profits that Individually or in the Aggregate Exceeds 10%, in, or  (iii) Directly or Indirectly Receive Compensation, in Aggregate in Excess of \$5000.00 During the Past Year, from  Any Business that did Business with or Solicited Business with the City or County?  YES NO  If Yes, the Name and Addresses of Such Business Entities  Entity's Name:
	Entity's Address:
5.	[IF YOU, YOUR SPOUSE OR DEPENDANT CHILDREN HAD OTHER ENTITIES THAT MUST BE DISCLOSED ATTACH ADDITIONAL SHEETS]  Did You, Your Spouse, or any Dependant Child Serve as an Officer or Board Member of any Organization that Received or Applied for Funding from the City or County?
	YES NO  If Yes, The Name and Address of such Organization or Organizations:
	Person Serving: Councillor: X Spouse Dependant Child
	Name of Organization:  MARION COUNTY CAPITAL IMPROVEMENT BOARD
	Address of Organization:
	INDIANAPOLIS, IN 46225-1071
	[IF YOU, YOUR SPOUSE OR DEPENDANT CHILDREN HAD POSITIONS IN OTHER ORGANIZATIONS THAT MUST BE DISCLOSED ATTACH ADDITIONAL SHEETS

If Yes, List the Names of Such Persons or Firms:  CITIZENS GAS CO. DINNER TICKETS  CAPITAL IMPROVEMENT BOARD - LOS OPEN HOUSE I  TOUR ANA POLIS COLTS TICKETS  FAGINA NAPOLIS COLTS TICKETS  FAGINA NAPOLIS COLTS TICKETS  FAGINA NAPOLIS COLTS TICKETS  FAGINA NAPOLIS COLTS TICKETS  FAGINATE OF COMMERCE RECEPTION  THE HAMPOLIS APPTS COUNCIL LUNCHEON  THE HAMPOLIS POWER I LIGHT - DINAFF  FAGINATION OF CAIDIANA ARCHITECTS  TAPIAN APOLIS ARTS COUNCIL - BREAKFAST MEETING  1. IACKNOWLEDGE THAT IF ANY ITEMS REPORTED IN ITEMS I THROUGH  4 ABOVE CHANGE DURING THE YEAR I WILL UPDATE SUCH  INFORMATION WITHIN 45 DAYS OF THE CHANGE.  If the Space Provided on this Form is Inadequate, Additional Sheets may be used to  Provide the Additional Information. Are You Attaching Additional Sheets?  YES NO  If Yes, How May Additional Sheets are Attached?  LAFFIRM UNDER PENALTIES FOR PERJURY THAT MY STATEMENTS ARE  TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.  Bol Corname  COUNCILLOR	Going Societo Reporting \$100, or in that does B	Campaign Donations, Subject to IC 3-9-2 and Reported in Accordance with start from Persons Including Family Members with whom you have an Onal Relationship not Related to Service on the Council Which are not Subject gon this form, did you Receive any Gifts, or Other Items, Valued Over the Aggregate over \$250, in the Prior Year From Any Person or Firm usiness with or Seeks to do Business with the City or County or which Illuence Council Action?
If the Space Provided on this Form is Inadequate, Additional Sheets may be used to Provide the Additional Information. Are You Attaching Additional Sheets?  If Yes, How May Additional Sheets are Attached?  I AFFIRM UNDER PENALTIES FOR PER HIPLY THAT MY STATERANCE.	If Yes, List CITIZE GARIT	
If the Space Provided on this Form is Inadequate, Additional Sheets may be used to Provide the Additional Information. Are You Attaching Additional Sheets?  If Yes, How May Additional Sheets are Attached?  I AFFIRM UNDER PENALTIES FOR PER HIPLY THAT MY STATERANCE.	RWA	NAPOLIS CHAMBER OF COMMERCE-RECEPTION RMSTRUNG-DINNERICKETS - PARKS LUNCUECN
If the Space Provided on this Form is Inadequate, Additional Sheets may be used to Provide the Additional Information. Are You Attaching Additional Sheets?  If Yes, How May Additional Sheets are Attached?  I AFFIRM UNDER PENALTIES FOR PER HIPLY THAT MY STATERANCE.	INDI INDI INDI	ANAPOLIS ARTS COUNCIL - LUNGHEON ANAPOLIS POWER + LIGHT - DINNER
If the Space Provided on this Form is Inadequate, Additional Sheets may be used to Provide the Additional Information. Are You Attaching Additional Sheets?  If Yes, How May Additional Sheets are Attached?  I AFFIRM UNDER PENALTIES FOR PER HIPLY THAT MY STATERANCE.	INDIA	NA PACERS - BREAKFAST MEETING ANAPOLIS ARTS GOUNGIL - BREAKFAST MEETING
I AFFIRM UNDER PENALTIES FOR PER HIPV THAT MY STATISTICAL TOTAL TO	TADOVECI	TANGE DUKING THE YEAR I WILL HIDDATE CHOR
I AFFIRM UNDER PENALTIES FOR PER HIDV THAT MY STATEDAY	YES NO	Are You Attaching Additional Sheets?
Bob Cozsawm 6-15-69 COUNCILLOR DATE	I AFFIRM UNDER	PENALTIES FOR PER HIDV THAT MY STATISMEN
	Bob Cox &	15-15-69 DATE

### INDIANAPOLIS CITY-COUNTY COUNCIL ETHICS DISCLOSURE STATEMENT ADDITIONAL SHEET / OF /. ADDITIONAL RESPONSE TO QUESTION $\gtrsim$ APPLICABLE TO: COUNCILLOR X CANDIDATE SPOUSE DEPENDANT CHILD PERSON, ENTITY OR ORGANIZATION GENERAL MOTORY CORP ADDRESS: 4/0 13P5 CENTER P.O. BOX 62410, PHUEHIX, AZ 85082-2410 ADDITIONAL RESPONSE TO QUESTION 2 APPLICABLE TO: COUNCILLOR X CANDIDATE \_\_\_ SPOUSE\_\_\_ DEPENDANT CHILD PERSON, ENTITY OR ORGANIZATION MORGAN KEEGAN + CO ADDRESS: 50 NORTH FRONT STREET MEMPH15, TN 38163 ADDITIONAL RESPONSE TO QUESTION 2 APPLICABLE TO: COUNCILLOR X CANDIDATE \_\_ SPOUSE\_\_ DEPENDANT CHILD \_\_\_\_\_ PERSON, ENTITY OR ORGANIZATION FIDELITY INVESTMENTS ADDRESS: 397 WILLIAMS STREET MCIW

[IF MORE SHEETS ARE NEEDED, DUPLICATE THIS PAGE]

MARLBOROUGH, MA 01752

ADDITIONAL SHEET Z OF 4.
ADDITIONAL RESPONSE TO QUESTION 2
APPLICABLE TO: COUNCILLOR X CANDIDATE SPOUSE DEPENDANT CHILD
PERSON, ENTITY OR ORGANIZATION DEFENSE FINANCE TALCOUNT
ADDRESS: P.O: 130X 7/30
LONDON, KY 40742-7130
ADDITIONAL RESPONSE TO QUESTION
APPLICABLE TO: COUNCILLOR X CANDIDATE SPOUSE DEPENDANT CHILD
PERSON, ENTITY OR ORGANIZATION IN PRLS MOTOR SPEEDWAY
ADDRESS: SOUVENIA GLASSWARE
ADDITIONAL RESPONSE TO QUESTION 6
APPLICABLE TO: COUNCILLOR  CANDIDATE SPOUSE SPOUSE
PERSON, ENTITY OR ORGANIZATION MED WAYNE TWP 5 WHOOLS
ADDRESS: BUSINESS LUNGHES

INDIANAPOLIS CITY-COUNTY COUNCIL ETHICS DISCLOSURE STATEMENT
ADDITIONAL SHEET OF #
ADDITIONAL RESPONSE TO QUESTION 6
APPLICABLE TO: COUNCILLOR X CANDIDATE SPOUSE DEPENDANT CHILD
PERSON, ENTITY OR ORGANIZATION MARY RIGG NEIGHBORHOOD CENTER-
ADDRESS: LUNCHEO
ADDITIONAL RESPONSE TO QUESTION
APPLICABLE TO: COUNCILLOR X CANDIDATE SPOUSE DEPENDANT CHILD
PERSON, ENTITY OR ORGANIZATION ATAT - DINIVER TICKETS
ADDRESS:
ADDITIONAL RESPONSE TO QUESTION
APPLICABLE TO: COUNCILLOR X CANDIDATE SPOUSE DEPENDANT CHILD
PERSON, ENTITY OR ORGANIZATION DECATUR TWO FIRE DEPT-
DINNER TICKETS

### INDIANAPOLIS CITY-COUNTY COUNCIL ETHICS DISCLOSURE STATEMENT ADDITIONAL SHEET \_\_\_OF\_\_\_\_\_ ADDITIONAL RESPONSE TO QUESTION APPLICABLE TO: COUNCILLOR X CANDIDATE \_\_ SPOUSE\_\_ DEPENDANT CHILD \_\_\_\_\_ PERSON, ENTITY OR ORGANIZATION INDPLS MOTOR SPEEDWAY -ADDRESS: SOUVENIR GLASSWARE ADDITIONAL RESPONSE TO QUESTION \_\_\_\_\_ APPLICABLE TO: COUNCILLOR \_\_\_ CANDIDATE \_\_\_ SPOUSE DEPENDANT CHILD \_\_\_\_\_ PERSON, ENTITY OR ORGANIZATION \_\_\_\_\_ ADDRESS: ADDITIONAL RESPONSE TO QUESTION \_\_\_\_\_ APPLICABLE TO: COUNCILLOR \_\_\_ CANDIDATE \_\_\_ SPOUSE\_\_ DEPENDANT CHILD \_\_\_\_\_ PERSON, ENTITY OR ORGANIZATION \_\_\_\_\_ ADDRESS:

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### ALL QUESTIONS MUST BE ANSWERED COMPLETELY AND LEGIBLY

h Vour Peridomas	eman
D. Your Acesauence.	4622 Whitridge LN
	Indianapolis, IN 46237
c. Your Business Address:	4622 Whitridge LN
	Indianapolis, IN 46237
a. Did You Receive Compensation YES X NO	From Any Employers in the Prior Year?
If Yes, the Name and Address of a	ll Such Employers
Employer's Name: Forest C	reek Village
Employer's Address: 525 E. 7	Thompson Rd
	olis, IN 46237
IF YOU HAD MORE THAN ONE EMPLOY	
. Were You Self-Employed? 'ES NO <u>X</u>	
Yes, the Nature of Such Rusiness	and the Name Under Which Conducted:

a. During the Prior Calendar Year, Did Your Spouse Receive Compensatio excess of \$5000.00 from an Employer?  YES X NO		
If Yes, the Name and	Address of Such Employer	
Employer's Name:	Indianapolis Public Schools	
	201 E. Walnut ST.	
[IF YOUR SPOUSE WAS F b. During the Prior C Compensation in Exc YES NO _X	PAID \$5000.00 BY ADDITIONAL EMPLOYERS USE ADDITIONAL SHEE	
[IF YOUR SPOUSE WAS P b. During the Prior C Compensation in Exc YES NO _X If Yes, the Name and	PAID \$5000.00 BY ADDITIONAL EMPLOYERS USE ADDITIONAL SHEES Alendar Year, Did Any of Your Dependant Children Receivess of \$5000.00 from an Employer?  Address of Such Employer	
[IF YOUR SPOUSE WAS F b. During the Prior C Compensation in Exc YES NO _X If Yes, the Name and A	PAID \$5000.00 BY ADDITIONAL EMPLOYERS USE ADDITIONAL SHEE! alendar Year, Did Any of Your Dependant Children Receivess of \$5000.00 from an Employer?	

	Did You, Your Spouse or any of Your Dependant Children Either  (i) Serve as an Officer of,  (ii) Own an Equity Interest or Interest in the Earnings or Profits that Individually or in the Aggregate Exceeds 10%, in, or  (iii) Directly or Indirectly Receive Compensation, in Aggregate in Excess of \$5000.00 During the Past Year, from Any Business that did Business with or Solicited Business with the City or County?  YES NO _X
	If Yes, the Name and Addresses of Such Business Entities
	Entity's Name:
	Entity's Address:
	(IF YOU, YOUR SPOUSE OR DEPENDANT CHILDREN HAD OTHER ENTITIES THAT MUST BE DISCLOSED ATTACH ADDITIONAL SHEETS]
1	Did You, Your Spouse, or any Dependant Child Serve as an Officer or Board Member of any Organization that Received or Applied for Funding from the City or County?
	YESNO _X
	f Yes, The Name and Address of such Organization or Organizations:
P	erson Serving: Councillor: Spouse Dependant Child
N	ame of Organization:
A	ddress of Organization:
[I.F O.F	F YOU, YOUR SPOUSE OR DEPENDANT CHILDREN HAD POSITIONS IN OTHER RGANIZATIONS THAT MUST BE DISCLOSED ATTACH ADDITIONAL SHEETS

6.	Except for Campaign Donations, Subject to IC 3-9-2 and Reported in Accordance with Law or Gifts from Persons Including Family Members with whom you have an On-Going Social Relationship not Related to Service on the Council Which are not Subject to Reporting on this form, did you Receive any Gifts, or Other Items, Valued Over \$100, or in the Aggregate over \$250, in the Prior Year From Any Person or Firm that does Business with or Seeks to do Business with the City or County or which Seeks to Influence Council Action?  YESNO			
	If Yes, List the Names of Such Persons or Firms:			
	Tony George (IMS) - 2 Waterford Crystal wine glasses			
	IPL Dunner (a) Mo's			
	_ A L Dittiel (W FO GO De Chao			
	Indianapolis Motor Speedway - 2 tickets May 2009 Indy 500			
7.	I ACKNOWLEDGE THAT IF ANY ITEMS REPORTED IN ITEMS 1 THROUGH 4 ABOVE CHANGE DURING THE YEAR I WILL UPDATE SUCH INFORMATION WITHIN 45 DAYS OF THE CHANGE.			
	If the Space Provided on this Form is Inadequate, Additional Sheets may be used to Provide the Additional Information. Are You Attaching Additional Sheets?  YESNO X			
	If Yes, How May Additional Sheets are Attached?			
I AFF	TIRM UNDER PENALTIES FOR PERJURY THAT MY STATEMENTS ARE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.			
	7/1/20			
COUN	NCILLOR DATE			
	= <del></del>			

Sec. 151-1123 of the Revised Code of the Consolidated City and County requires all Councillors and any declared candidate for City-County Council to file this statement. For the year 2009, the statement is due July 1, 2009. Thereafter, the statement is due February 1 or within 30 days of taking office. Candidates are required to file before or at the same time as filing a candidate's declaration or petition.

Failure to file this form in a timely manner may subject the Councillor or candidate to sanctions by the Ethics Committee of the City-County Council.

### ALL QUESTIONS MUST BE ANSWERED COMPLETELY AND LEGIBLY

a. Four Manie.	N. Susie Day	
	245 Churchman Ave	
	Beech Grove, IN 46107	
c. Your Business Addres	s: 10 N. Senate Ave, SE 311	
	Indianapolis, IN 46204	
a. Did You Receive Com YES _X_ NO	pensation From Any Employers in the	Prior Year?
If Yes, the Name and Ad	dress of all Such Employers	
	dress of all Such EmployersState of Indiana	(1/09)
Employer's Name:	dress of all Such Employers State of Indiana10 N. Senate Ave, SE 311	
Employer's Name:	State of Indiana	
Employer's Name: Employer's Address:	State of Indiana10 N. Senate Ave, SE 311	

Name under Which Such B	usiness was Conducted:
a. During the Prior Calenda excess of \$5000.00 from an I YES _X NO	ar Year, Did Your Spouse Receive Compensation in Employer?
If Yes, the Name and Addre	ess of Such Employer
Employer's Name:	State of Indiana
	100 N. Senate Ave., IGCN 440
	Indianapolis, IN 46204
	000.00 BY ADDITIONAL EMPLOYERS USE ADDITIONAL SHEET
	r Year, Did Any of Your Dependant Children Bossis
If Yes, the Name and Addres	ss of Such Employer
Name of Dependant Child	Kimberly Day
	Methodist Hospital
	1801 Senate Blvd
	Indianapolis, IN 46202

	Did You, Your Spouse or any of Your Dependant Children Either (i) Serve as an Officer of, (ii) Own an Equity Interest or Interest in the Earnings or Profits that Individually or in the Aggregate Exceeds 10%, in, or (iii) Directly or Indirectly Receive Compensation, in Aggregate in Excess of \$5000.00 During the Past Year, from Any Business that did Business with or Solicited Business with the City or County?					
	YES_X_ NO					
If Yes, the Name and Addresses of Such Business Entities						
	Entity's Name:	Laura Kopetsky Tri-Ax	(1/08 -7/08)			
	Entity's Address:	5320 S. Belmont Ave				
		Indianapolis, IN 46217				
[IF YOU, YOUR SPOUSE OR DEPENDANT CHILDREN HAD OTHER ENTITIES THAT MUST BE DISCLOSED ATTACH ADDITIONAL SHEETS]						
Did You, Your Spouse, or any Dependant Child Serve as an Officer or Board Member of any Organization that Received or Applied for Funding from the City or County?  YES NO _X						
	If Yes, The Name and Address of such Organization or Organizations:					
Person Serving: Councillor: Spouse Dependant Child						
	Name of Organization:					
	Address of Organization:					
	[IF YOU. YOUR SPOUSE (	OR DEPENDANT CHILDREN HAD POSITIO	No. N. Oznak			
	ORGANIZATIONS THAT M	UST BE DISCLOSED ATTACH ADDITIONAL	NS IN OTHER L.SHEETS			

6. Except for Campaign Donations, Subject to IC 3-9-2 and Reported in Accordance with

	Law or Gifts from Persons Including Family Members with whom you have an On-Going Social Relationship not Related to Service on the Council Which are not Subject to Reporting on this form, did you Receive any Gifts, or Other Items, Valued Over \$100, or in the Aggregate over \$250, in the Prior Year From Any Person or Firm that does Business with or Seeks to do Business with the City or County or which Seeks to Influence Council Action?  YES _X_NO
	If Yes, List the Names of Such Persons or Firms:
	Indianapolis Motor Speedway Indianapolis Intornational Air
	Indianapolis International AirportIndianapolis Colts
7.	I ACKNOWLEDGE THAT IF ANY ITEMS REPORTED IN ITEMS 1 THROUGH 4 ABOVE CHANGE DURING THE YEAR I WILL UPDATE SUCH INFORMATION WITHIN 45 DAYS OF THE CHANGE.
	If the Space Provided on this Form is Inadequate, Additional Sheets may be used to Provide the Additional Information. <b>Are You Attaching Additional Sheets?</b> YES X NO_
	If Yes, How May Additional Sheets are Attached?1
I AF. TRU	FIRM UNDER PENALTIES FOR PERJURY THAT MY STATEMENTS ARE E AND ACCURATE TO THE BEST OF MY KNOWLEDGE.
COU	NCILLOR DATE

ADDITIONAL SHEET1_OF1
ADDITIONAL RESPONSE TO QUESTION _2_
APPLICABLE TO: COUNCILLOR X CANDIDATE SPOUSE DEPENDANT CHILD
PERSON, ENTITY OR ORGANIZATIONCity of Indianapolis
ADDRESS:200 E. Washington St
Indianapolis, IN 46204
ADDITIONAL RESPONSE TO QUESTION2
APPLICABLE TO: COUNCILLOR _X_ CANDIDATE SPOUSE DEPENDANT CHILD
PERSON, ENTITY OR ORGANIZATIONLaura Kopetsky, Tri-Ax_(1/08-7/08
ADDRESS:5320 S. Belmont Ave
Indianapolis, IN 46217
ADDITIONAL RESPONSE TO QUESTION
APPLICABLE TO: COUNCILLOR CANDIDATE SPOUSE DEPENDANT CHILD
PERSON, ENTITY OR ORGANIZATION
ADDRESS:

Sec. 151-1123 of the Revised Code of the Consolidated City and County requires all Councillors and any declared candidate for City-County Council to file this statement. For the year 2009, the statement is due July 1, 2009. Thereafter, the statement is due February 1 or within 30 days of taking office. Candidates are required to file before or at the same time as filing a candidate's declaration or petition.

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•••	Your Name: Jose M. EVANS
<b>b</b> .	Your Residence: 7644 BANCASTER DRIVE
	Your Residence: 7644 BANCASTER DRIVE Indianapolis IN 46268
c.	Your Business Address: 1449 N. PENNSYLVANIA AVE Indianapolus, IN 46218
	Indianapolis IN 46218
If Y	Did You Receive Compensation From Any Employers in the Prior Year?  S X NO  Yes, the Name and Address of all Such Employers
If Y	es, the Name and Address of all Such Employers
If Y Em	res, the Name and Address of all Such Employers  ployer's Name: Sepracar Inc.  ployer's Address: 34 Water Ford Orive
If Y Em	es, the Name and Address of all Such Employers
If Y	res, the Name and Address of all Such Employers  ployer's Name: Sepracar Inc.  ployer's Address: 34 Water Ford Orive

Nature of the Business: EVANS & ASSOCIATES LLC
Name under Which Such Business was Conducted:
government Relations political Campaigns, Resea
a. During the Prior Calendar Year, Did Your Spouse Receive Compensation in excess of \$5000.00 from an Employer?  YES X NO
If Yes, the Name and Address of Such Employer
Employer's Name: BUHER University
Employer's Name: BUHER University Employer's Address: 4600 Sunset Ave
Indianapolis, IN 46208
[IF YOUR SPOUSE WAS PAID \$5000.00 BY ADDITIONAL EMPLOYERS USE ADDITIONAL SHEETS]
b. During the Prior Calendar Year, Did Any of Your Dependant Children Receive Compensation in Excess of \$5000.00 from an Employer?
If Yes, the Name and Address of Such Employer
Name of Dependant Child
Employer's Name
Employer's Name Employer's Address

(iii) Directly or Indirectly	r any of Your Dependant Children Either f, est or Interest in the Earnings or Profits that Individually eds 10%, in, or Receive Compensation, in Aggregate in Excess of \$5000.00 m iness with or Solicited Business with the City or County?
YESNOX	or Solicited Business with the City or Court of
If Yes, the Name and Add	c county?
Entity's Name:	esses of Such Business Entities  Latino Institute
Entity's Address:	LATINO Institute
- CHADDIIIONAI	N. Pennsylvania suite 800 lis IN 46204 DANT CHILDREN HAD OTHER ENTITIES THAT MUST BE
County?  YES X NO	Dependant Child Serve as an Officer or Board at Received or Applied for Funding from the City or
11 1 es, The Name and Address	
Person Serving: Councillor: X	ouch Organization or Organizations:
Person Serving: Councillor: X s  Name of Organization:  Address of Organization:	
Address of Organization:	, Indiana Catino Institute
[IF YOU, YOUR SPOUSE OR DEPENDANT OF CORGANIZATIONS THAT MUST BE DISCLOSS.]	CHILDREN HAD POSITIONS IN OTHER ED ATTACH ADDITIONAL SHEETS

4.

	Except for Campaign Donations, Subject to IC 3-9-2 and Reported in Accordance with Law or Gifts from Persons Including Family Members with whom you have an On-Going Social Relationship not Related to Service on the Council Which are not Subject to Reporting on this form, did you Receive any Gifts, or Other Items, Valued Over \$100, or in the Aggregate over \$250, in the Prior Year From Any Person or Firm Seeks to Influence Council Action?
	If Yes, List the Names of Such Persons or Firms:
	- croons or Firms:
7.	I ACKNOWLEDGE THAT IF ANY ITEMS REPORTED IN ITEMS 1 THROUGH 4 ABOVE CHANGE DURING THE YEAR I WILL UPDATE SUCH INFORMATION WITHIN 45 DAYS OF THE CHANGE
	INFORMATION WITHIN 45 DAYS OF THE CHANGE.  If the Space Provided on this 7.
	Provide the Additional Inc.
1	If the Space Provided on this Form is Inadequate, Additional Sheets may be used to YES NO Are You Attaching Additional Sheets?
LAFFID	Manual Sheets are Attached?
TRUE	ND ACCURATE TO THE PROPERTURY THAT MY OF
POLICIO	M UNDER PENALTIES FOR PERJURY THAT MY STATEMENTS ARE  ON ACCURATE TO THE BEST OF MY KNOWLEDGE.
COONCI	June 30, 2009
BUILDING	TE AND RETURN TO: CLERK OF THE COUNCIL, 241 CITY-COUNTY
	- 5LIS, INDIANA, 46204. COUNCIL, 241 CITY-COUNTY

ADDITIONAL SHEET OF
ADDITIONAL RESPONSE TO QUESTION
APPLICABLE TO: COUNCILLOR CANDIDATE SPOUSE DEPENDANT CHILD
PERSON, ENTITY OR ORGANIZATION
ADDRESS:
ADDITIONAL RESPONSE TO QUESTION
APPLICABLE TO: COUNCILLOR CANDIDATE SPOUSE DEPENDANT CHILD
PERSON, ENTITY OR ORGANIZATION
ADDRESS:
ADDITIONAL RESPONSE TO QUESTION
APPLICABLE TO: COUNCILLOR CANDIDATE SPOUSE DEPENDANT CHILD
PERSON, ENTITY OR ORGANIZATION
ADDRESS:

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a. Your Name:	Monroe GRAY JR.
b. Your Residence	4811-SEVILLE OR
	INOPES, IND 46228
c. Your Business	
a. Did You Recei	ve Compensation From Any Employers in the Prior Year?
a. Did You Recei YES NO	ve Compensation From Any Employers in the Prior Year?
YES NO <u> </u>	ve Compensation From Any Employers in the Prior Year?  and Address of all Such Employers
YES NO <u>√</u> If Yes, the Name	and Address of all Such Employers
YES NO <u>√</u> If Yes, the Name Employer's Nam	and Address of all Such Employers
YES NO <u>√</u> If Yes, the Name Employer's Nam	and Address of all Such Employers
YES NO <u>√</u> If Yes, the Name Employer's Nam Employer's Addi	and Address of all Such Employers e: ress:
YES NO <u>√</u> If Yes, the Name Employer's Nam Employer's Addi	and Address of all Such Employers e: ress: THAN ONE EMPLOYER, USE ADDITIONAL SHEETS]

Nati	ure of the Business:
Nan	ne under Which Such Business was Conducted:
exce	uring the Prior Calendar Year, Did Your Spouse Receive Compensation in ess of \$5000.00 from an Employer?
If Y	es, the Name and Address of Such Employer
Emp	ployer's Name:
Emj	ployer's Address:
[IF \	YOUR SPOUSE WAS PAID \$5000.00 BY ADDITIONAL EMPLOYERS USE ADDITIONAL SHE
Con	During the Prior Calendar Year, Did Any of Your Dependant Children Recempensation in Excess of \$5000.00 from an Employer?  SNO
If Y	es, the Name and Address of Such Employer
Nan	ne of Dependant Child
Emj	ployer's Name
Em	ployer's Address
Em <sub>j</sub>	ployer's Address
L	YOUR DEPENDANT CHILDREN HAD OTHER EMPLOYERS WHO PAID THEM OVER \$5000 ADDITIONAL SHEETS]

Did You, Your Spouse or any of Your Dependant Children Either (i) Serve as an Officer of, (ii) Own an Equity Interest or Interest in the Earnings or Profits that Individually or in the Aggregate Exceeds 10%, in, or (iii) Directly or Indirectly Receive Compensation, in Aggregate in Excess of \$5000.0 During the Past Year, from Any Business that did Business with or Solicited Business with the City or County?			
YES NO_			
If Yes, the Name and Addresses of Such Business Entities			
Entity's Name:			
Entity's Address:			
[IF YOU, YOUR SPOUSE OR DEPENDANT CHILDREN HAD OTHER ENTITIES THAT MUST BE DISCLOSED ATTACH ADDITIONAL SHEETS]			
Did You, Your Spouse, or any Dependant Child Serve as an Officer or Board Member of any Organization that Received or Applied for Funding from the City or County?  YES NO			
If Yes, The Name and Address of such Organization or Organizations:			
Person Serving: Councillor: V Spouse Dependant Child			
Name of Organization: FOREST MANON NEIGHBORHOOD ASS.			
Address of Organization: 5603 - E 384 57.			
INDPLS, IND. 46219			
/ [IF YOU, YOUR SPOUSE OR DEPENDANT CHILDREN HAD POSITIONS IN OTHER			

6.	Except for Campaign Donations, Subject to IC 3-9-2 and Reported in Accordance with Law or Gifts from Persons Including Family Members with whom you have an On-Going Social Relationship not Related to Service on the Council Which are not Subject to Reporting on this form, did you Receive any Gifts, or Other Items, Valued Over \$100, or in the Aggregate over \$250, in the Prior Year From Any Person or Firm that does Business with or Seeks to do Business with the City or County or which Seeks to Influence Council Action?  YESNO
	If Yes, List the Names of Such Persons or Firms:
7.	I ACKNOWLEDGE THAT IF ANY ITEMS REPORTED IN ITEMS 1 THROUGH 4 ABOVE CHANGE DURING THE YEAR I WILL UPDATE SUCH INFORMATION WITHIN 45 DAYS OF THE CHANGE.
	If the Space Provided on this Form is Inadequate, Additional Sheets may be used to Provide the Additional Information. <b>Are You Attaching Additional Sheets?</b> YES NO \( \subseteq \)  If Yes, How May Additional Sheets are Attached?
I A	FFIRM UNDER PENALTIES FOR PERJURY THAT MY STATEMENTS ARE UE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.
	MMC/Juy A G/29/09 DATE

ADDITIONAL SHEET OF
ADDITIONAL RESPONSE TO QUESTION
APPLICABLE TO: COUNCILLOR CANDIDATE SPOUSE DEPENDANT CHILD
PERSON, ENTITY OR ORGANIZATION
ADDRESS:
ADDITIONAL RESPONSE TO QUESTION
APPLICABLE TO: COUNCILLOR CANDIDATE SPOUSE DEPENDANT CHILD
PERSON, ENTITY OR ORGANIZATION
ADDRESS:
ADDITIONAL RESPONSE TO QUESTION
APPLICABLE TO: COUNCILLOR CANDIDATE SPOUSE DEPENDANT CHILD
PERSON, ENTITY OR ORGANIZATION
ADDRESS:

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#### ALL QUESTIONS MUST BE ANSWERED COMPLETELY AND LEGIBLY

Indianapolis, IN 46239		
c. Your Business Add Butler University: 4600 N		
Indianapolis, IN 46208		
a. Did You Receive Co YES 図 NO <u></u> If Yes, the Name and		Any Employers in the Prior Year? Employers
YES ☑ NO □	Address of all Such	
YES ☑ NO □	Address of all Such	Employers  Director of Public Safety)
YES ☑ NO □  If Yes, the Name and  Employer's Name:	Address of all Such	n Employers  Director of Public Safety)  nue

	Nature of the Business: Security and Safety Consultant				
	Name under Which Such Business was Conducted:				
	M&H Protection Consultants INC (Principle, interest dissolved November 2008.)				
3.	a. During the Prior Calendar Year, Did Your Spouse Receive Compensation in excess of \$5000.OO from an Employer? YES ☑ NO □				
	If Yes, the Name and Address of Such Employer				
Name:	Employer's Friedman Foundation for Educational Choice				
	One American Square, Suite #2420 Employer's Address:				
	Indianapolis, IN 46202				
	[IF YOUR SPOUSE WAS PAID \$5000.00 BY ADDITIONAL EMPLOYERS USE ADDITIONAL SHEETS]				
	b. During the Prior Calendar Year, Did Any of Your Dependant Children Receive Compensation in Excess of \$5000.00 from an Employer? YES □ NO ☒				
	If Yes, the Name and Address of Such Employer				
	Name of Dependant Child				
	Employer's Name				
	Employer's Address				
	[IF YOUR DEPENDANT CHILDREN HAD OTHER EMPLOYERS WHO PAID THEM OVER \$5000.00 USE ADDITIONAL SHEETS]				

Did You, Your Spouse or any of Your Dependant Children Either (i) Serve as an Officer of, (ii) Own an Equity Interest or Interest in the Earnings or Profits that Individually or in the Aggregate Exceeds 10%, in, or (iii) Directly or Indirectly Receive Compensation, in Aggregate in Excess of \$5000.00 During the Past Year, from Any Business that did Business with or Solicited Business with the City or County?
YES D NO Z
If Yes, the Name and Addresses of Such Business Entities
Entity's Name:
Entity's Address:
[IF YOU, YOUR SPOUSE OR DEPENDANT CHILDREN HAD OTHER ENTITIES THAT MUST BE DISCLOSED ATTACH ADDITIONAL SHEETS]
Did You, Your Spouse, or any Dependant Child Serve as an Officer or Board Member of any Organization that Received or Applied for Funding from the City of County?  YES ☑ NO □
If Yes, The Name and Address of such Organization or Organizations:
Person Serving: Councillor: 🗵 Spouse 🔲 Dependant Child 🔲
Name of Organization: Peace Learning Center INC
Address of Organization: 6040 DeLong Road

[IF YOU, YOUR SPOUSE OR DEPENDANT CHILDREN HAD POSITIONS IN OTHER ORGANIZATIONS THAT MUST BE DISCLOSED ATTACH ADDITIONAL SHEETS

6.	Except for Campaign Donations, Subject to IC 3 Law or Gifts from Persons Including Family Me Going Social Relationship not Related to Service to Reporting on this form, did you Receive any C\$100, or in the Aggregate over \$250, in the Prio that does Business with or Seeks to do Business Seeks to Influence Council Action?  YES NO □	mbers with whom you have an On- on the Council Which are not Subject Gifts, or Other Items, Valued Over or Year From Any Person or Firm			
	If Yes, List the Names of Such Persons or Firms:				
	Indianapolis Airport Authority - Parking Pass				
	Indianapolis Motor Speedway (IMS) Hulman-George Family				
	- IMS: Indy 500 complimentary tickets, May 25, 2008				
	- IMS: Allstate 400 complimentary tickets, July 27, 200	8			
	- IMS: Red Bull GP complimentary tickets				
	Ford Motor Company				
	- Airline, Hotel, and Conference fees to Government Fleet Preview Show June 16-18, 2008				
	Indianapolis Motor Speedway (IMS) Hulman-George Family				
	- IMS: Indy 500 May 2009, Allstate, and GP				
	Indiana Pacers				
	United Consulting				
	Indianapolis Power and Light				
	Indianapolis Colts				
7.	I ACKNOWLEDGE THAT IF ANY ITEMS REAL ABOVE CHANGE DURING THE YEAR I WINFORMATION WITHIN 45 DAYS OF THE SITE OF TH	WILL UPDATE SUCH CHANGE.  Additional Sheets may be used to			
	If Yes, How May Additional Sheets are Attached?	One			
	IRM UNDER PENALTIES FOR PERJURY TH AND ACCURATE TO THE BEST OF MY KN				
	NCILLOR	June 9, 2009 DATE			
		DVOVI ALL CYTYL COV DVTV			

#### INDIANAPOLIS CITY-COUNTY COUNCIL ETHICS DISCLOSURE STATEMENT ADDITIONAL SHEET $\frac{1}{2}$ OF $\frac{1}{2}$ . ADDITIONAL RESPONSE TO QUESTION APPLICABLE TO: COUNCILLOR ✓ CANDIDATE \_\_\_ SPOUSE\_\_\_ DEPENDANT CHILD PERSON, ENTITY OR ORGANIZATION \_\_ 200 E. Washington Street ADDRESS: Indianapolis, IN 46202 ADDITIONAL RESPONSE TO QUESTION \_\_\_\_\_ APPLICABLE TO: COUNCILLOR ☑ CANDIDATE ☐ SPOUSE ☐ DEPENDANT CHILD \_\_\_\_\_ IU Partnership to Prevent Violent Injury PERSON, ENTITY OR ORGANIZATION Riley Hospital for Children - 702 Barnhill Drive Indianapolis, IN 46202 ADDITIONAL RESPONSE TO QUESTION \_\_\_\_\_ APPLICABLE TO: COUNCILLOR ☐ CANDIDATE ☐ SPOUSE ☐ DEPENDANT CHILD \_\_\_\_\_ PERSON, ENTITY OR ORGANIZATION \_\_\_\_\_ ADDRESS:

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	NS MUST BE ANSWERED COMPLETELY AND LEGIBL
a. Your Name:	Maggie Ann Lewis
o. Your Residen	nce: Mace Edge lauk
Indu	nce: Mace Edge Carks, 15. IN 463,54
c. Your Busine	
a. Did You Red	eive Compensation From Any Employers in the Prior Year?
	ne and Address of all Such Employers
If Yes, the Nan	•
If Yes, the Nan Employer's Na	ne and Address of all Such Employers
Employer's Na	ne and Address of all Such Employers nme:
If Yes, the Nan Employer's Na Employer's Ac	ne and Address of all Such Employers  ame:  ddress:  ORE THAN ONE EMPLOYER, USE ADDITIONAL SHEETS]  Self-Employed?

]	Nature of the Business: Community Consultant / Neighborn  engagement  Name under Which Such Business was Conducted: Magic A. Lewis
	hegacy 1 Solutions
	a. During the Prior Calendar Year, Did Your Spouse Receive Compensation in excess of \$5000.00 from an Employer?  YES VNO
	If Yes, the Name and Address of Such Employer
	Employer's Name: Marion County Assassor & OFFIC
	Employer's Name: <u>Mariou County</u> Assassor 's OFFIC Employer's Address: <u>2006</u> . <u>Washington Steell</u> , Room
	Indpls. IN 40204
	[IF YOUR SPOUSE WAS PAID \$5000.00 BY ADDITIONAL EMPLOYERS USE ADDITIONAL SHEE
	b. During the Prior Calendar Year, Did Any of Your Dependant Children Receive Compensation in Excess of \$5000.00 from an Employer?
	YES NO
	If Yes, the Name and Address of Such Employer
	Name of Dependant Child
	Employer's Name
	Employer's Address

[IF YOUR DEPENDANT CHILDREN HAD OTHER EMPLOYERS WHO PAID THEM OVER \$5000.00 USE ADDITIONAL SHEETS]

(i) Serve (ii) Own or in the (iii) Dire	your Spouse or any of Your Dependant Children Either as an Officer of, an Equity Interest or Interest in the Earnings or Profits that Individually Aggregate Exceeds 10%, in, or actly or Indirectly Receive Compensation, in Aggregate in Excess of \$5000.00 the Past Year, from Siness that did Business with or Solicited Business with the City or County?
YES	NO
If Yes, t	he Name and Addresses of Such Business Entities
Entity's	Name: YED CLEEK CPC
Entity's	Address: Nesleyard Aggd, Swite 112
In	dpls. IN 46268
[IF YOU,	YOUR SPOUSE OR DEPENDANT CHILDREN HAD OTHER ENTITIES THAT MUST BE SED ATTACH ADDITIONAL SHEETS]
Member County	u, Your Spouse, or any Dependant Child Serve as an Officer or Board or of any Organization that Received or Applied for Funding from the City or ? NO
If Yes,	The Name and Address of such Organization or Organizations:
Person	Serving: Councillor: Spouse Dependant Child
Name	of Organization:
Addre	ss of Organization:
[IF YOU	J, YOUR SPOUSE OR DEPENDANT CHILDREN HAD POSITIONS IN OTHER VIZATIONS THAT MUST BE DISCLOSED ATTACH ADDITIONAL SHEETS

6.	Except for Campaign Donations, Subject to IC 3-9-2 and Reported in Accordance with Law or Gifts from Persons Including Family Members with whom you have an On-Going Social Relationship not Related to Service on the Council Which are not Subject to Reporting on this form, did you Receive any Gifts, or Other Items, Valued Over \$100, or in the Aggregate over \$250, in the Prior Year From Any Person or Firm that does Business with or Seeks to do Business with the City or County or which Seeks to Influence Council Action?
	If Yes, List the Names of Such Persons or Firms:
7.	I ACKNOWLEDGE THAT IF ANY ITEMS REPORTED IN ITEMS 1 THROUGH 4 ABOVE CHANGE DURING THE YEAR I WILL UPDATE SUCH INFORMATION WITHIN 45 DAYS OF THE CHANGE.
	If the Space Provided on this Form is Inadequate, Additional Sheets may be used to Provide the Additional Information. <b>Are You Attaching Additional Sheets?</b> YES NO If Yes, How May Additional Sheets are Attached?
I A	FFIRM UNDER PENALTIES FOR PERJURY THAT MY STATEMENTS ARE UE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.
CO	Maggie De Suis DATE  OUNCILLOR DATE

ADDITIONAL SHEETOF
ADDITIONAL RESPONSE TO QUESTION
APPLICABLE TO: COUNCILLOR $\frac{X}{X}$ CANDIDATE SPOUSE DEPENDANT CHILD
PERSON, ENTITY OR ORGANIZATION <u>INDIANA CRIMINAL JUSCICE</u> INS
ADDRESS: 101 W. Washington St. # 1/70
Indes. IN 46204-3411
, ,
ADDITIONAL RESPONSE TO QUESTION
APPLICABLE TO: COUNCILLOR CANDIDATE SPOUSE DEPENDANT CHILD
PERSON, ENTITY OR ORGANIZATION <u>FAIRMARY</u>
ADDRESS: 8/02 Clear Vista Fackyay
INDOS. IN 40254
ADDITIONAL RESPONSE TO QUESTION
APPLICABLE TO: COUNCILLOR CANDIDATE SPOUSE DEPENDANT CHILD
PERSON, ENTITY OR ORGANIZATION
ADDRESS:

Sec. 151-1123 of the Revised Code of the Consolidated City and County requires all Councillors and any declared candidate for City-County Council to file this statement. For the year 2009, the statement is due July 1, 2009. Thereafter, the statement is due February 1 or within 30 days of taking office. Candidates are required to file before or at the same time as filing a candidate's declaration or petition.

ALL QUESTIC	ONS MUST BE ANSWERED COMPLETELY AND LEGIBLY
a. Your Name	Robert B. Lutz
b. Your Reside	1156 Texarkana 111.
	Indianapolis In 46231
c. Your Busine	ess Address: 5026 Cranfordsi. He Rd.
	Speedway In 46224
YES <u>⊁</u> NO_	ceive Compensation From Any Employers in the Prior Year?  me and Address of all Such Employers
Employer's N	ame: City of Indianagolis
	ddress: 200 & Washington St.
-	Infrance polis In 41204
[IF YOU HAD M	ORE THAN ONE EMPLOYER, USE ADDITIONAL SHEETS]
h Wara Van	Self-Employed?
YES XNO_	<del>-</del>

_	ch Business was Conducted:
Kobelt'	B. Lutz-Attorney at Law
a. During the Prior Cale excess of \$5000.OO from YES ★ NO	endar Year, Did Your Spouse Receive Compensation in man Employer?
If Yes, the Name and A	ddress of Such Employer
Employer's Name:	City of Indianapolis
Employer's Address:	200 E. Washington St. Indianapolis In 46204
• •	Indianapolis In 46204
b. During the Prior Cal	ID \$5000.00 BY ADDITIONAL EMPLOYERS USE ADDITIONAL SH lendar Year, Did Any of Your Dependant Children Rec ss of \$5000.00 from an Employer?
Compensation in Exces	No defendent
Compensation in Exces	ddress of Such Employer
Compensation in Exces YES NO _X	
Compensation in Exces YES NO If Yes, the Name and A Name of Dependant Ch	ddress of Such Employer

[IF YOUR DEPENDANT CHILDREN HAD OTHER EMPLOYERS WHO PAID THEM OVER \$5000.00 USE ADDITIONAL SHEETS]

	Did You, Your Spouse or any of Your Dependant Children Either (i) Serve as an Officer of, (ii) Own an Equity Interest or Interest in the Earnings or Profits that Individually or in the Aggregate Exceeds 10%, in, or (iii) Directly or Indirectly Receive Compensation, in Aggregate in Excess of \$5000.00 During the Past Year, from Any Business that did Business with or Solicited Business with the City or County?
	YES NO_X for your of 2008
	If Yes, the Name and Addresses of Such Business Entities
	Entity's Name:
	Entity's Address:
	[IF YOU, YOUR SPOUSE OR DEPENDANT CHILDREN HAD OTHER ENTITIES THAT MUST BE DISCLOSED ATTACH ADDITIONAL SHEETS]
	Did You, Your Spouse, or any Dependant Child Serve as an Officer or Board Member of any Organization that Received or Applied for Funding from the City or County?  YES NO _X_
	If Yes, The Name and Address of such Organization or Organizations:
	Person Serving: Councillor: Spouse Dependant Child
Nar	Name of Organization:
	Address of Organization:

[IF YOU, YOUR SPOUSE OR DEPENDANT CHILDREN HAD POSITIONS IN OTHER ORGANIZATIONS THAT MUST BE DISCLOSED ATTACH ADDITIONAL SHEETS

6.	Except for Campaign Donations, Subject to IC 3-9-2 and Reported in Accordance with Law or Gifts from Persons Including Family Members with whom you have an On-Going Social Relationship not Related to Service on the Council Which are not Subject to Reporting on this form, did you Receive any Gifts, or Other Items, Valued Over \$100, or in the Aggregate over \$250, in the Prior Year From Any Person or Firm that does Business with or Seeks to do Business with the City or County or which Seeks to Influence Council Action?  YES X NO
	If Yes, List the Names of Such Persons or Firms:  Todianapolis Motor Speedway  Indianapolis Power Light Compa  Citizens Gas  Indianapolis Colts
7.	I ACKNOWLEDGE THAT IF ANY ITEMS REPORTED IN ITEMS 1 THROUGH 4 ABOVE CHANGE DURING THE YEAR I WILL UPDATE SUCH INFORMATION WITHIN 45 DAYS OF THE CHANGE.
	If the Space Provided on this Form is Inadequate, Additional Sheets may be used to Provide the Additional Information. <b>Are You Attaching Additional Sheets?</b> YES NO <a href="Mailto:YES">YES NO <a href="Mailto:YES">XES NO <a href="Mailto:YES"></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a>
TRUE	IRM UNDER PENALTIES FOR PERJURY THAT MY STATEMENTS ARE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.    6/29/09   DATE

ADDITIONAL SHEET OF
ADDITIONAL RESPONSE TO QUESTION
APPLICABLE TO: COUNCILLOR CANDIDATE SPOUSE DEPENDANT CHILD
PERSON, ENTITY OR ORGANIZATION
ADDRESS:
ADDITIONAL RESPONSE TO QUESTION
APPLICABLE TO: COUNCILLOR CANDIDATE SPOUSE DEPENDANT CHILD
PERSON, ENTITY OR ORGANIZATION
ADDRESS:
ADDITIONAL RESPONSE TO QUESTION
APPLICABLE TO: COUNCILLOR CANDIDATE SPOUSE DEPENDANT CHILD
PERSON, ENTITY OR ORGANIZATION
ADDRESS:

Sec. 151-1123 of the Revised Code of the Consolidated City and County requires all Councillors and any declared candidate for City-County Council to file this statement. For the year 2009, the statement is due July 1, 2009. Thereafter, the statement is due February 1 or within 30 days of taking office. Candidates are required to file before or at the same time as filing a candidate's declaration or petition.

a. Your Name:	DF/HIV	MIP [172	face 3 V	
o. Your Residence:	1415 0	exing.	ton Ave.	
INDP(S.	1 ~	462	3	
c. Your Business Addres	s: XIA	- /01	w wash	m
St. Snit	10 15	vo E	46204	
If Yes, the Name and Ad	dress of all Such	n Employers	1.4	
		-		
Employer's Name:	STATE	OF	INDIANH	
Employer's Name:	STATE 101	0F	Washington	<u>S7</u>
Employer's Name: Employer's Address:  Suite 15	STATE 101 00 E.	OF W.	Washington Thoroy	57
Employer's Name:	00 E.		16709	Sa

	ich Business was Conducted:
a. During the Prior Ca excess of \$5000.00 from YES \( \sum_{\text{NO}} \) NO	llendar Year, Did Your Spouse Receive Compensation in n an Employer?
	Address of Such Employer
Employer's Name:	SELF EMPLOYED  8SL WEST DR. IN 46201
Employer's Address:_	8SL WEST DR.
INDPCS.	IN 46201
	AID \$5000.00 BY ADDITIONAL EMPLOYERS USE ADDITIONAL SHE
Compensation in Excess YES NO X	lendar Year, Did Any of Your Dependant Children Receiss of \$5000.00 from an Employer?  Address of Such Employer
Compensation in ExcessYES NO X  If Yes, the Name and A	ss of \$5000.00 from an Employer?  Address of Such Employer
Compensation in Excess YES NO _X  If Yes, the Name and A Name of Dependant Ch	ss of \$5000.00 from an Employer?

USE ADDITIONAL SHEETS]

(i) Serve as an Office (ii) Own an Equity In or in the Aggregate Ex (iii) Directly or Indire During the Past Year,	tterest or Interest in the Earnings or Profits that Individually acceds 10%, in, or ctly Receive Compensation, in Aggregate in Excess of \$5000.00
If Yes, the Name and	Addresses of Such Business Entities
Entity's Name:	NIA
Entity's Address:	
Member of any Organ County? YES NO	, or any Dependant Child Serve as an Officer or Board ization that Received or Applied for Funding from the City or
	Address of such Organization or Organizations:  cillor: Spouse Dependant Child
Name of Organization:	
Address of Organization	on:
HE VOL: VOUR SPOUSE O	D DEDEND ANT CHILD DEN HAD DOCUTIONS IN OTHER
	R DEPENDANT CHILDREN HAD POSITIONS IN OTHER UST BE DISCLOSED ATTACH ADDITIONAL SHEETS

6.	Except for Campaign Donations, Subject to IC 3-9-2 and Reported in Accordance with Law or Gifts from Persons Including Family Members with whom you have an On-Going Social Relationship not Related to Service on the Council Which are not Subject to Reporting on this form, did you Receive any Gifts, or Other Items, Valued Over \$100, or in the Aggregate over \$250, in the Prior Year From Any Person or Firm that does Business with or Seeks to do Business with the City or County or which Seeks to Influence Council Action?  YESNO
	If Yes, List the Names of Such Persons or Firms:  Indianapatis Madar Speed way  Indianapatis Cotts
7.	I ACKNOWLEDGE THAT IF ANY ITEMS REPORTED IN ITEMS 1 THROUGH 4 ABOVE CHANGE DURING THE YEAR I WILL UPDATE SUCH INFORMATION WITHIN 45 DAYS OF THE CHANGE.
	If the Space Provided on this Form is Inadequate, Additional Sheets may be used to Provide the Additional Information. <b>Are You Attaching Additional Sheets?</b> YES NO \( \subseteq \)  If Yes, How May Additional Sheets are Attached?
	FIRM UNDER PENALTIES FOR PERJURY THAT MY STATEMENTS ARE UE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.
	Die Makern 6/29/09

ADDITIONAL SHEET OF
ADDITIONAL RESPONSE TO QUESTION
APPLICABLE TO: COUNCILLOR CANDIDATE SPOUSE DEPENDANT CHILD
PERSON, ENTITY OR ORGANIZATION
ADDRESS:
ADDITIONAL RESPONSE TO QUESTION
APPLICABLE TO: COUNCILLOR CANDIDATE SPOUSE DEPENDANT CHILD
PERSON, ENTITY OR ORGANIZATION
ADDRESS:
ADDITIONAL RESPONSE TO QUESTION
APPLICABLE TO: COUNCILLOR CANDIDATE SPOUSE DEPENDANT CHILD
PERSON, ENTITY OR ORGANIZATION
ADDRESS:

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b. Your Re	sidence: S Garfield Dr
	Is. IN 46203
c. Your Bu	siness Address:
200 8	Washington St.
Jadels a. Did You	TN 46204  Receive Compensation From Any Employers in the Prior Year?
— Indfls a. Did You YES ⊬ No	TN 46204  Receive Compensation From Any Employers in the Prior Year?
a. Did You YES <u>~</u> No	Receive Compensation From Any Employers in the Prior Year?  D  Name and Address of all Such Employers
a. Did You YES / No If Yes, the M Employer's	EN 46204  Receive Compensation From Any Employers in the Prior Year?  D
a. Did You YES / No If Yes, the M Employer's	Receive Compensation From Any Employers in the Prior Year?  Name and Address of all Such Employers  Name: City of Indianators

Name under which St	uch Business was Conducted:
a. During the Prior Ca excess of \$5000.00 from YES X NO Z	llendar Year, Did Your Spouse Receive Compensation in n an Employer?
If Yes, the Name and A	Address of Such Employer
Employer's Name: D	AVE & Busters 2009 (Sheraton Downton) 2008-Beg
	82nd & Allisonville 31 W. Ohio
b. During the Prior Cal Compensation in Exces	AID \$5000.00 BY ADDITIONAL EMPLOYERS USE ADDITIONAL SHEETS]  lendar Year, Did Any of Your Dependant Children Receive is of \$5000.00 from an Employer?
YESNO	respective and the second seco
f Yes, the Name and A	ddress of Such Employer
Name of Dependant Ch	ild
	ild

(ii) Own an Equity Interest or Interest in the Earnings or Profits that Individually or in the Aggregate Exceeds 10%, in, or (iii) Directly or Indirectly Receive Compensation, in Aggregate in Excess of \$5000.0 During the Past Year, from Any Business that did Business with or Solicited Business with the City or County?
YES NO_X
If Yes, the Name and Addresses of Such Business Entities
Entity's Name:
Entity's Address:
DISCLOSED ATTACH ADDITIONAL SHEETS]  Did You, Your Spouse, or any Dependant Child Serve as an Officer or Board Member of any Organization that Received or Applied for Funding from the City or Yes, The Name and Address of such Organization or Organizations:
erson Serving: Councillor: Spouse Dependant Child
ame of Organization:
ldress of Organization:

6.	Except for Campaign Donations, Subject to IC 3-9-2 and Reported in Accordance with Law or Gifts from Persons Including Family Members with whom you have an On-Going Social Relationship not Related to Service on the Council Which are not Subject to Reporting on this form, did you Receive any Gifts, or Other Items, Valued Over \$100, or in the Aggregate over \$250, in the Prior Year From Any Person or Firm that does Business with or Seeks to do Business with the City or County or which Seeks to Influence Council Action?
	If Yes, List the Names of Such Persons or Firms:
	Indianapolis Motor Speedway tickets tous tickets to Bovents - (A gift at Christmas time) Colts pre season game owner suite
7.	I ACKNOWLEDGE THAT IF ANY ITEMS REPORTED IN ITEMS 1 THROUGH 4 ABOVE CHANGE DURING THE YEAR I WILL UPDATE SUCH INFORMATION WITHIN 45 DAYS OF THE CHANGE.
	If the Space Provided on this Form is Inadequate, Additional Sheets may be used to Provide the Additional Information. <b>Are You Attaching Additional Sheets?</b> YES X NO_ If Yes, How May Additional Sheets are Attached?
I AFF	FIRM UNDER PENALTIES FOR PERJURY THAT MY STATEMENTS ARE E AND ACCURATE TO THE BEST OF MY KNOWLEDGE.
COU	NCILLOR DATE
SIGN, BUILI	DATE AND RETURN TO: CLERK OF THE COUNCIL, 241 CITY-COUNTY DING, INDIANAPOLIS, INDIANA, 46204.

ADDITIONAL SHEET OF
ADDITIONAL RESPONSE TO QUESTION
APPLICABLE TO: COUNCILLOR CANDIDATE SPOUSE DEPENDANT CHILD
PERSON, ENTITY OR ORGANIZATION
ADDRESS:
ADDITIONAL RESPONSE TO QUESTION
APPLICABLE TO: COUNCILLOR CANDIDATE SPOUSE DEPENDANT CHILD
PERSON, ENTITY OR ORGANIZATION
ADDRESS:
ADDITIONAL RESPONSE TO QUESTION
APPLICABLE TO: COUNCILLOR CANDIDATE SPOUSE DEPENDANT CHILD
PERSON, ENTITY OR ORGANIZATION
ADDRESS:

Any Busines		ompensation, in Aggregate in Excess of \$5
/	s that did Business with	or Solicited Business with the City or Cou
YES/ NO	0	
If Yes, the Na	ame and Addresses of Su	ch Rusinoss Endid:
Entity's Nam		on Dusiness Entitles
Entity's Addr	ess:	
<del></del>		
1	<u> </u>	
IIF YOU YOUR S	SPOUGE OF PERSON	
THE TOO, TOOK S		
DISCLOSED ATT	ACHADDITIONAL SUFFERS	ILDREN HAD OTHER ENTITIES THAT MUST BE
/	7	ILDREN HAD OTHER ENTITIES THAT MUST BE
Did You, Your	Shouse or one D	
Did You, Your	Shouse or one D	
Did You, Your Member of any County?	Shouse or one D	/
Did You, Your	Shouse or one D	
Did You, Your Member of any County? YES NO	Spouse, or any Dependa Organization that Recei	nt Child Serve as an Officer or Board ived or Applied for Funding from the City
Did You, Your Member of any County? YES NO If Yes, The Nan	Spouse, or any Dependa Organization that Received — ne and Address of such C	nt Child Serve as an Officer or Board ived or Applied for Funding from the City Organizations:
Did You, Your Member of any County? YES NO If Yes, The Nan	Spouse, or any Dependa Organization that Received — ne and Address of such C	nt Child Serve as an Officer or Board ived or Applied for Funding from the City Organizations:
Did You, Your Member of any County? YES NO If Yes, The Nan Person Serving:	Spouse, or any Dependa Organization that Received ne and Address of such Councillor: Spouse	nt Child Serve as an Officer or Board ived or Applied for Funding from the City Organizations:
Did You, Your Member of any County? YES NO If Yes, The Nan	Spouse, or any Dependa Organization that Received ne and Address of such Councillor: Spouse	nt Child Serve as an Officer or Board ived or Applied for Funding from the City Organizations:
Did You, Your Member of any County? YES NO If Yes, The Nan Person Serving:	Spouse, or any Dependa Organization that Received ne and Address of such Councillor: Spouse	nt Child Serve as an Officer or Board ived or Applied for Funding from the City Organizations:
Did You, Your Member of any County? YES NO If Yes, The Nan Person Serving: Name of Ørgani	Spouse, or any Dependa Organization that Received ne and Address of such Councillor: Spouse zation:	nt Child Serve as an Officer or Board ived or Applied for Funding from the City Organizations:
Did You, Your Member of any County? YES NO If Yes, The Nan Person Serving:	Spouse, or any Dependa Organization that Received ne and Address of such Councillor: Spouse zation:	nt Child Serve as an Officer or Board ived or Applied for Funding from the City Organizations:
Did You, Your Member of any County? YES NO If Yes, The Nan Person Serving:	Spouse, or any Dependa Organization that Received ne and Address of such Councillor: Spouse zation:	nt Child Serve as an Officer or Board ived or Applied for Funding from the Cit
Did You, Your Member of any County? YES NO If Yes, The Nan Person Serving: Name of Ørgani	Spouse, or any Dependa Organization that Received ne and Address of such Councillor: Spouse zation:	nt Child Serve as an Officer or Board ived or Applied for Funding from the City Organizations:

6.	Except for Campaign Donations, Subject to IC 3-9-2 and Reported in Accordance with Law or Gifts from Persons Including Family Members with whom you have an On-Going Social Relationship not Related to Service on the Council Which are not Subject to Reporting on this form, did you Receive any Gifts, or Other Items, Valued Over \$100, or in the Aggregate over \$250, in the Prior Year From Any Person or Firm that does Business with or Seeks to do Business with the City or County or which Seeks to Influence Council Action?  YES X NO
	If Yes, List the Names of Such Persons or Firms:
2068	Indpls Power + Light - Group dinners Fred Mills
7.	I ACKNOWLEDGE THAT IF ANY ITEMS REPORTED IN ITEMS 1 THROUGH 4 ABOVE CHANGE DURING THE YEAR I WILL UPDATE SUCH INFORMATION WITHIN 45 DAYS OF THE CHANGE.
	If the Space Provided on this Form is Inadequate, Additional Sheets may be used to Provide the Additional Information. <b>Are You Attaching Additional Sheets?</b> YES NO
	If Yes, How May Additional Sheets are Attached?
I AFF	IRM UNDER PENALTIES FOR PERJURY THAT MY STATEMENTS ARE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.
Da	cillor Malone <u>6/8/09</u> DATE

ADDITIONAL SHEET OF	
ADDITIONAL RESPONSE TO QUESTION	
APPLICABLE TO: COUNCILLOR CANDIDATE _ DEPENDANT CHILD	SPOUSE
PERSON, ENTITY OR ORGANIZATION	
ADDRESS:	
ADDITIONAL RESPONSE TO QUESTION	
APPLICABLE TO: COUNCILLOR CANDIDATE DEPENDANT CHILD	_ SPOUSE
PERSON, ENTITY OR ORGANIZATION	
ADDRESS:	/ /
ADDITIONAL RESPONSE TO QUESTION	
APPLICABLE TO: COUNCILLOR CANDIDATE DEPENDANT CHILD	_ SPOUSE
PERSON, ENTITY OR ORGANIZATION	
ADDRESS:	
[IF MORE SHEETS ARE NEEDED, DUPLICATE THIS PAGE]	AM,
	0,0,14/00

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ALL QUESTION	IS MUST BE ANSWERED COMPLETELY AND LEGIBLY
	Angela L. Mansfield
b. Your Residenc	7836 flareaut Springs Court
	Indianapolis IN 46260
c. Your Business	Address: See below
If Yes, the Name	re Compensation From Any Employers in the Prior Year?  and Address of all Such Employers
Employer's Name	: DuChame, Mc Miller & Assoc
Employer's Addr	ess: 8440 Allison Pointe Blid, Sut
	Indianapolis IN 46250
IF YOU HAD MORE	THAN ONE EMPLOYER, USE ADDITIONAL SHEETS]
. Were You Self-	•
ES_NO_	

	c Business:
Name under	Which Such Business was Conducted:
excess of \$50	e Prior Calendar Year, Did Your Spouse Receive Compensation in 100.00 from an Employer?
If Yes, the N	ame and Address of Such Employer
Employer's l	Name:
Employer's A	Address:
[IF YOUR SPO	USE WAS PAID \$5000.00 BY ADDITIONAL EMPLOYERS USE ADDITIONAL SHEE
Compensatio	e Prior Calendar Year, Did Any of Your Dependant Children Receiven in Excess of \$5000.00 from an Employer?
If Yes, the Na	ame and Address of Such Employer
Name of Dep	endant Child
	Name
Employer's l	Name

Did You, Your Spouse or any of Your Dependant Children Either (i) Serve as an Officer of, (ii) Own an Equity Interest or Interest in the Earnings or Profits that Individually or in the Aggregate Exceeds 10%, in, or (iii) Directly or Indirectly Receive Compensation, in Aggregate in Excess of \$5000.00 During the Past Year, from Any Business that did Business with or Solicited Business with the City or County?
YES NO
If Yes, the Name and Addresses of Such Business Entities
Entity's Name:
Entity's Address:
[IF YOU, YOUR SPOUSE OR DEPENDANT CHILDREN HAD OTHER ENTITIES THAT MUST BE DISCLOSED ATTACH ADDITIONAL SHEETS]
Did You, Your Spouse, or any Dependant Child Serve as an Officer or Board Member of any Organization that Received or Applied for Funding from the City or County?
YES NO
If Yes, The Name and Address of such Organization or Organizations:
Person Serving: Councillor: Spouse Dependant Child
Name of Organization:

[IF YOU, YOUR SPOUSE OR DEPENDANT CHILDREN HAD POSITIONS IN OTHER ORGANIZATIONS THAT MUST BE DISCLOSED ATTACH ADDITIONAL SHEETS

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	YESNO  If Yes, List the Names of Such Persons or Firms:
Hddi	Fioral Voluntary Disclosure:
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Airport Harling Pass
	Indianapolis Motor Speedway 1. Christmas gist of glasses 2. Brickyard 400 tickets
7.	I ACKNOWLEDGE THAT IF ANY ITEMS REPORTED IN ITEMS 1 THROUGH 4 ABOVE CHANGE DURING THE YEAR I WILL UPDATE SUCH INFORMATION WITHIN 45 DAYS OF THE CHANGE.
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TRU	FIRM UNDER PENALTIES FOR PERJURY THAT MY STATEMENTS ARE TE AND ACCURATE FO THE BEST OF MY KNOWLEDGE.

Wed, Jane 11 Gp.m.

Due end of month

# INDIANAPOLIS CITY-COUNTY COUNCIL ETHICS DISCLOSURE STATEMENT

Sec. 151-1123 of the Revised Code of the Consolidated City and County requires all Councillors and any declared candidate for City-County Council to file this statement. For the year 2009, the statement is due July 1, 2009. Thereafter, the statement is due February 1 or within 30 days of taking office. Candidates are required to file before or at the same time as filing a candidate's declaration or petition.

Failure to file this form in a timely manner may subject the Councillor or candidate to sanctions by the Ethics Committee of the City-County Council.

	ALL QUESTIONS MUST BE ANSWERED COMPLETELY AND LEGIBL
	a. Your Name: Janice Shattuck MeHe
	b. Your Residence:
	7641 Torbay Circle Indianapolis, IN 46254
	c. Your Business Address:
-	Home
	n. Did You Receive Compensation From Any Employers in the Prior Year?
	f Yes, the Name and Address of all Such Employers
	f Yes, the Name and Address of all Such Employers
	f Yes, the Name and Address of all Such Employers
E	<u>v</u> 110

	Name under Which Such Business was Conducted:
	a. During the Prior Calendar Year, Did Your Spouse Receive Compensation in excess of \$5000.00 from an Employer?  YES V NO
]	If Yes, the Name and Address of Such Employer
l	Employer's Name: Sears Holding (Corporation)
ł	Employer's Name: Sears Holding (Corporation) Employer's Address: 7425 E. Washington St  Indianapolis, IN 46219
	Indianapolis, IN 46219
[	IF YOUR SPOUSE WAS PAID \$5000.00 BY ADDITIONAL EMPLOYERS USE ADDITIONAL SHEETS]
b	During the Prior Calendar Year, Did Any of Your Dependant Children Receive Compensation in Excess of \$5000.00 from an Employer?  VES NO
f	f Yes, the Name and Address of Such Employer
V	ame of Dependant Child
	mployer's Name
	mployer's Address

4.	Did You, Your Spouse or any of Your Dependant Children Either (i) Serve as an Officer of, (ii) Own an Equity Interest or Interest in the Earnings or Profits that Individually
	or in the Aggregate Exceeds 10%, in, or
	(iii) Directly or Indirectly Receive Compensation, in Aggregate in Excess of \$5000.00
	During the Past Year, from Any Business that did Business with or Solicited Business with the City or County?
	YES NO
	If Yes, the Name and Addresses of Such Business Entities
	Entity's Name:
	Entity's Address:
	[IF YOU, YOUR SPOUSE OR DEPENDANT CHILDREN HAD OTHER ENTITIES THAT MUST BE DISCLOSED ATTACH ADDITIONAL SHEETS]
5.	Did You, Your Spouse, or any Dependant Child Serve as an Officer or Board Member of any Organization that Received or Applied for Funding from the City or YESNO
	If Yes, The Name and Address of such Organization or Organizations:
	Person Serving: Councillor: Spouse Dependant Child
«ره	Name of Organization:  1. CICOA - (Council Representative)  2. IMAGIS - (Council Representative)
	Address of Owganizations
2	4 755 Kingsway Drive, Szite 200 - 46205- 200 E. Washington St., Suite 1322 - 46204
	[IF YOU, YOUR SPOUSE OR DEPENDANT CHILDREN HAD POSITIONS IN OTHER ORGANIZATIONS THAT MUST BE DISCLOSED ATTACH ADDITIONAL SHEETS

6.	Except for Campaign Donations, Subject to IC 3-9-2 and Reported in Accordance with Law or Gifts from Persons Including Family Members with whom you have an On-Going Social Relationship not Related to Service on the Council Which are not Subject to Reporting on this form, did you Receive any Gifts, or Other Items, Valued Over \$100, or in the Aggregate over \$250, in the Prior Year From Any Person or Firm that does Business with or Seeks to do Business with the City or County or which Seeks to Influence Council Action?  YES NO
	If Yes, List the Names of Such Persons or Firms:
	Indianapolis Motor Speedway Indianapolis Colts Airport Reception - Preopening United Water
	City of Indianapolis (Mayor)
	3
7.	I ACKNOWLEDGE THAT IF ANY ITEMS REPORTED IN ITEMS 1 THROUGH 4 ABOVE CHANGE DURING THE YEAR I WILL UPDATE SUCH INFORMATION WITHIN 45 DAYS OF THE CHANGE.
	If the Space Provided on this Form is Inadequate, Additional Sheets may be used to Provide the Additional Information. <b>Are You Attaching Additional Sheets?</b> YES NO If Yes, How May Additional Sheets are Attached?
I AF TRU	FIRM UNDER PENALTIES FOR PERJURY THAT MY STATEMENTS ARE E AND ACCURATE TO THE BEST OF MY KNOWLEDGE.
$\Omega_o$	nice Mc Henry 129 2009
COU	NCILLOR

ADDITIONAL SHEET OF	
ADDITIONAL RESPONSE TO QUESTION	
APPLICABLE TO: COUNCILLOR CANDIDATE SPOUSE DEPENDANT CHILD	
PERSON, ENTITY OR ORGANIZATION	
ADDRESS:	
ADDITIONAL RESPONSE TO QUESTION	
APPLICABLE TO: COUNCILLOR CANDIDATE SPOUSE DEPENDANT CHILD	
PERSON, ENTITY OR ORGANIZATION	****************
ADDRESS:	
ADDITIONAL RESPONSE TO QUESTION	<del>-</del>
APPLICABLE TO: COUNCILLOR CANDIDATE SPOUSE DEPENDANT CHILD	
PERSON, ENTITY OR ORGANIZATION	
ADDRESS:	

Sec. 151-1123 of the Revised Code of the Consolidated City and County requires all Councillors and any declared candidate for City-County Council to file this statement. For the year 2009, the statement is due July 1, 2009. Thereafter, the statement is due February 1 or within 30 days of taking office. Candidates are required to file before or at the same time as filing a candidate's declaration or petition.

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#### ALL QUESTIONS MUST BE ANSWERED COMPLETELY AND LEGIBLY a. Your Name: Doris Minton McNeill 1. b. Your Residence: 2056 N. Medford Avenue, Indianapolis, IN 46222 c. Your Business Address: a. Did You Receive Compensation From Any Employers in the Prior Year? 2. YES X\_\_ NO \_\_\_ If Yes, the Name and Address of all Such Employers Indianapolis Public Schools Employer's Name: 120 E. Walnut Street, Indianapolis Employer's Address: [IF YOU HAD MORE THAN ONE EMPLOYER, USE ADDITIONAL SHEETS] b. Were You Self-Employed? YES X\_\_NO\_\_ If Yes, the Nature of Such Business and the Name Under Which Conducted:

	Nature of the Business:
1	a. During the Prior Calendar Year, Did Your Spouse Receive Compensation in excess of \$5000.00 from an Employer?  YES NO _X
, ,	If Yes, the Name and Address of Such Employer
	Employer's
_	Employer's Address:
_	[IF YOUR SPOUSE WAS PAID \$5000.00 BY ADDITIONAL EMPLOYERS USE ADDITIONAL SHEETS
(	b. During the Prior Calendar Year, Did Any of Your Dependant Children Receive Compensation in Excess of \$5000.00 from an Employer?  YESNO _X
	If Yes, the Name and Address of Such Employer
1	Name of Dependant Child
	Employer's Name
I	

[IF YOUR DEPENDANT CHILDREN HAD OTHER EMPLOYERS WHO PAID THEM OVER \$5000.00 USE ADDITIONAL SHEETS]

Did You, Your Spouse or any of Your Dependant Children Either (i) Serve as an Officer of, (ii) Own an Equity Interest or Interest in the Earnings or Profits that Individually or in the Aggregate Exceeds 10%, in, or (iii) Directly or Indirectly Receive Compensation, in Aggregate in Excess of \$5000.00 During the Past Year, from Any Business that did Business with or Solicited Business with the City or County?
YES NO_X
If Yes, the Name and Addresses of Such Business Entities
Entity's Name:
Entity's Address:
[IF YOU, YOUR SPOUSE OR DEPENDANT CHILDREN HAD OTHER ENTITIES THAT MUST BE DISCLOSED ATTACH ADDITIONAL SHEETS]
Did You, Your Spouse, or any Dependant Child Serve as an Officer or Board Member of any Organization that Received or Applied for Funding from the City or County?
YESNot sure about this – I am president of a neighborhood association who has request grant funds from GINI – Not sure if this counts
If Yes, The Name and Address of such Organization or Organizations:
Person Serving: Councillor: Spouse Dependant Child
Name of Organization:
Address of Organization:

[IF YOU, YOUR SPOUSE OR DEPENDANT CHILDREN HAD POSITIONS IN OTHER ORGANIZATIONS THAT MUST BE DISCLOSED ATTACH ADDITIONAL SHEETS

6.	Except for Campaign Donations, Subject to IC 3-9-2 and Reported in Accordance with Law or Gifts from Persons Including Family Members with whom you have an On-Going Social Relationship not Related to Service on the Council Which are not Subject to Reporting on this form, did you Receive any Gifts, or Other Items, Valued Over \$100, or in the Aggregate over \$250, in the Prior Year From Any Person or Firm that does Business with or Seeks to do Business with the City or County or which Seeks to Influence Council Action?  YESNO _X
	If Yes, List the Names of Such Persons or Firms:
7.	I ACKNOWLEDGE THAT IF ANY ITEMS REPORTED IN ITEMS 1 THROUGH 4 ABOVE CHANGE DURING THE YEAR I WILL UPDATE SUCH INFORMATION WITHIN 45 DAYS OF THE CHANGE.
	If the Space Provided on this Form is Inadequate, Additional Sheets may be used to Provide the Additional Information. <b>Are You Attaching Additional Sheets?</b> YES NO
	If Yes, How May Additional Sheets are Attached?
I AF	FIRM UNDER PENALTIES FOR PERJURY THAT MY STATEMENTS ARE EAND ACCURATE TO THE BEST OF MY KNOWLEDGE.
	Aux Anton Mall 6/28/09
COU	JNCILLOR DATE

ADDITIONAL SHEET OF
ADDITIONAL RESPONSE TO QUESTION
APPLICABLE TO: COUNCILLOR CANDIDATE SPOUSE DEPENDANT CHILD
PERSON, ENTITY OR ORGANIZATION
ADDRESS:
ADDITIONAL RESPONSE TO QUESTION
APPLICABLE TO: COUNCILLOR CANDIDATE SPOUSE DEPENDANT CHILD
PERSON, ENTITY OR ORGANIZATION
ADDRESS:
ADDITIONAL RESPONSE TO QUESTION
APPLICABLE TO: COUNCILLOR CANDIDATE SPOUSE DEPENDANT CHILD
PERSON, ENTITY OR ORGANIZATION
ADDRESS:

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a. Your Name: Michael J. M. Quillen  b. Your Residence: 9130 Prairie Ridge CT  Indels, In 46456  c. Your Business Address: Ame - plus City of Indimensional States of Machines City of Indimensional States of Machines of Machines and Address of Machines of Mac		IUST BE ANSWERED COMPLETELY AND LEGIBL
Indian Frairie Ridge CT  Indian Frairie Ridge CT  Indian From House Compensation From Any Employers in the Prior Year?  a. Did You Receive Compensation From Any Employers in the Prior Year?  YES NO/  If Yes, the Name and Address of all Such Employers  Employer's Name:	a. Your Name:/	Michael J. M. Duillen
c. Your Business Address:  Above address Same - plus City of Indiana  Doc E. Washington St., India, Tw. 46x04  a. Did You Receive Compensation From Any Employers in the Prior Year?  YES NO _/  If Yes, the Name and Address of all Such Employers  Employer's Name:  All  Employer's Address:  NA  Were You Self-Employed?  YES NO  Were You Self-Employed?	b. Your Residence:	9130 Prairie Ridge CT
c. Your Business Address:  Above address Same - plus City of Indiana  Doc E. Washington St., India, Tw. 46x04  a. Did You Receive Compensation From Any Employers in the Prior Year?  YES NO/  If Yes, the Name and Address of all Such Employers  Employer's Name:  MA  Employer's Address:  MA  MF YOU HAD MORE THAN ONE EMPLOYER, USE ADDITIONAL SHEETS]  A. Were You Self-Employed?  YES NO		Indpls, IN 46756
a. Did You Receive Compensation From Any Employers in the Prior Year?  YES NO/  If Yes, the Name and Address of all Such Employers  Employer's Name:	c. Your Business Add	PASS.
a. Did You Receive Compensation From Any Employers in the Prior Year?  YES NO  If Yes, the Name and Address of all Such Employers  Employer's Name:  Employer's Address:  IF YOU HAD MORE THAN ONE EMPLOYER, USE ADDITIONAL SHEETS]  O. Were You Self-Employed?  YES NO	200 E. Washingto	m St. Folds F. (16/2)
Employer's Address:	and I wante and A	Address of all Such Employers
o. Were You Self-Employed? YES NO		NA
o. Were You Self-Employed? YES NO	Employer's Name:	
o. Were You Self-Employed? YES NO	Employer's Name:	
Ves the Nature of C. J. D.	Employer's Name: Employer's Address:_	NA
L US, the Nather of Niich Rusinges on Jal. No.	Employer's Name: Employer's Address:	ONE EMPLOYER, USE ADDITIONAL SHEETS]

	: Antiques o Collectibles Sales
Name under Which Su	ch Business was Conducted: Michael J. M. Quillo
and Politica	al Parade com
	endar Year Did Vour Spans D
If Yes, the Name and A	ddress of Such Employer
Employer's Name:	Lawrence Township Schools
Employer's Address:	7601 E. SEH St., Febis, Zu 46+26
[IF YOUR SPOUSE WAS PAIL	O \$5000.00 BY ADDITIONAL EMPLOYERS USE ADDITIONAL SHEETS
b. During the Prior Cale	D \$5000.00 BY ADDITIONAL EMPLOYERS USE ADDITIONAL SHEETS ndar Year, Did Any of Your Dependant Children Receive of \$5000.00 from an Employer?
b. During the Prior Cale Compensation in Excess YESNO	ndar Year, Did Any of Your Dependant Children Receive of \$5000.00 from an Employer?
b. During the Prior Cales Compensation in Excess YESNO If Yes, the Name and Add	ndar Year, Did Any of Your Dependant Children Receive of \$5000.00 from an Employer?
b. During the Prior Cale Compensation in Excess YESNO	dress of Such Employer

(ii or (iii Du	Serve as an Officer of,  Own an Equity Interest or Interest in the Earnings or Profits that Individually in the Aggregate Exceeds 10%, in, or  Directly or Indirectly Receive Compensation, in Aggregate in Excess of \$5000.0 ring the Past Year, from y Business that did Business with or Solicited Business with the City or County?
	SNO
If Y	es, the Name and Addresses of Such Business Entities
	tity's Name:
	city's Address:
DIS	YOU, YOUR SPOUSE OR DEPENDANT CHILDREN HAD OTHER ENTITIES THAT MUST BE CLOSED ATTACH ADDITIONAL SHEETS]
Did Mer Cou YES	You, Your Spouse, or any Dependant Child Serve as an Officer or Board mber of any Organization that Received or Applied for Funding from the City on inty?  S NO es, The Name and Address of such Organization or Organizations:
Did Mer Cou YES If Y	You, Your Spouse, or any Dependant Child Serve as an Officer or Board mber of any Organization that Received or Applied for Funding from the City of inty?  S NO  es, The Name and Address of such Organization or Organizations:  son Serving: Councillor: Spouse Dependant Child
Did Mer Cou YES If Y Pers	You, Your Spouse, or any Dependant Child Serve as an Officer or Board mber of any Organization that Received or Applied for Funding from the City of inty?  S NO  es, The Name and Address of such Organization or Organizations:  son Serving: Councillor: Spouse Dependant Child  ne of Organization:
Did Mei Cou YES If Y	You, Your Spouse, or any Dependant Child Serve as an Officer or Board mber of any Organization that Received or Applied for Funding from the City of inty?  S NO  es, The Name and Address of such Organization or Organizations:  son Serving: Councillor: Spouse Dependant Child

6.	Except for Campaign Donations, Subject to IC 3-9-2 and Reported in Accordance with Law or Gifts from Persons Including Family Members with whom you have an On-Going Social Relationship not Related to Service on the Council Which are not Subject to Reporting on this form, did you Receive any Gifts, or Other Items, Valued Over \$100, or in the Aggregate over \$250, in the Prior Year From Any Person or Firm that does Business with or Seeks to do Business with the City or County or which Seeks to Influence Council Action?  YES NO
	If Yes, List the Names of Such Persons or Firms:
	Indianagolis Motor Speedway
7.	I ACKNOWLEDGE THAT IF ANY ITEMS REPORTED IN ITEMS 1 THROUGH 4 ABOVE CHANGE DURING THE YEAR I WILL UPDATE SUCH INFORMATION WITHIN 45 DAYS OF THE CHANGE.
	If the Space Provided on this Form is Inadequate, Additional Sheets may be used to Provide the Additional Information. <b>Are You Attaching Additional Sheets?</b> YESNO
	If Yes, How May Additional Sheets are Attached?
	TRM UNDER PENALTIES FOR PERJURY THAT MY STATEMENTS ARE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.
(1	12 925 Quiller 06-73-09
COUN	NCILLOR DATE

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ALL QUESTIONS	
a. Your Name:	Mary Bridget Moriarty Adams
b. Your Residence	5256 East 13th Street
SERVED AND DESCRIPTION OF THE PROPERTY OF THE	Indianapolis, IN 46219
c. Your Business A	Address: 200 East Washington Street, Roomay,
	Indianapolis IN 46204
a. Did You Receive	e Compensation From Any Employers in the Prior Year?
YES <u>X</u> NO	e Compensation From Any Employers in the Prior Year?
YES X NO If Yes, the Name a	
YES X NO If Yes, the Name a Employer's Name:	nd Address of all Such Employers  Marian County Assessor
YES X NO If Yes, the Name a Employer's Name:	nd Address of all Such Employers

If Yes, the Nature of Such Business and the Name Under Which Conducted:

During the Prior tess of \$5000.OO	Calendar Year, Did Your Spouse Receive Compensation in
	nom un Employer.
Yes, the Name an	nd Address of Such Employer
ıployer's Name:_	Marion County Sheriff's Dept.
	s: 40 South Alabama
	Indianapolis, IN 46204
YOUR SPOUSE WA	S PAID \$5000.00 BY ADDITIONAL EMPLOYERS USE ADDITIONAL SHEE
	Calendar Year, Did Any of Your Dependant Children Receivencess of \$5000.00 from an Employer?
Yes, the Name an	d Address of Such Employer
me of Dependant	t Child
	s

Did You, Your Spouse or any of Your Dependant Children Either (i) Serve as an Officer of, (ii) Own an Equity Interest or Interest in the Earnings or Profits that Individually or in the Aggregate Exceeds 10%, in, or (iii) Directly or Indirectly Receive Compensation, in Aggregate in Excess of \$5000.00 During the Past Year, from Any Business that did Business with or Solicited Business with the City or County?
YES NO $X$
If Yes, the Name and Addresses of Such Business Entities
Entity's Name:
Entity's Address:
[IF YOU, YOUR SPOUSE OR DEPENDANT CHILDREN HAD OTHER ENTITIES THAT MUST BE DISCLOSED ATTACH ADDITIONAL SHEETS]
Did You, Your Spouse, or any Dependant Child Serve as an Officer or Board Member of any Organization that Received or Applied for Funding from the City or County?  YES NOX
If Yes, The Name and Address of such Organization or Organizations:
Person Serving: Councillor: Spouse Dependant Child
Name of Organization:
Address of Organization:
[IF YOU, YOUR SPOUSE OR DEPENDANT CHILDREN HAD POSITIONS IN OTHER ORGANIZATIONS THAT MUST BE DISCLOSED ATTACH ADDITIONAL SHEETS

6.	Except for Campaign Donations, Subject to IC 3-9-2 and Reported in Accordance with Law or Gifts from Persons Including Family Members with whom you have an On-Going Social Relationship not Related to Service on the Council Which are not Subject to Reporting on this form, did you Receive any Gifts, or Other Items, Valued Over \$100, or in the Aggregate over \$250, in the Prior Year From Any Person or Firm that does Business with or Seeks to do Business with the City or County or which Seeks to Influence Council Action?  YES NO
	If Yes, List the Names of Such Persons or Firms:  - Indiana polis Motor Speedway Race Tickets  - AT & T "500 Race" Purada Breakfast/Brunch  - Indianapolis Downtown Inc "Circle of Lights" Party/Reception  - Indianapolis Airport Authority Parking card of  Veoila Water (Dinner at the fall conference of National League of Cities) Orlando FL.
7.	I ACKNOWLEDGE THAT IF ANY ITEMS REPORTED IN ITEMS 1 THROUGH 4 ABOVE CHANGE DURING THE YEAR I WILL UPDATE SUCH INFORMATION WITHIN 45 DAYS OF THE CHANGE.
	If the Space Provided on this Form is Inadequate, Additional Sheets may be used to Provide the Additional Information. <b>Are You Attaching Additional Sheets?</b> YES NO If Yes, How May Additional Sheets are Attached?
	FIRM UNDER PENALTIES FOR PERJURY THAT MY STATEMENTS ARE E AND ACCURATE TO THE BEST OF MY KNOWLEDGE.
COU	NCILLOR DATE  OCILLOR DATE

ADDITIONAL SHEET / OF / .
ADDITIONAL RESPONSE TO QUESTION 3
APPLICABLE TO: COUNCILLOR X CANDIDATE SPOUSE DEPENDANT CHILD
PERSON, ENTITY OR ORGANIZATION Warren Township Assessor
PERSON, ENTITY OR ORGANIZATION Warren Township Assessor  ADDRESS: 50/ North Post Read Suite "B"
Indianapolis IN 46219
ADDITIONAL RESPONSE TO QUESTION $\underline{\mathcal{J}}$
APPLICABLE TO: COUNCILLOR CANDIDATE SPOUSE X DEPENDANT CHILD
PERSON, ENTITY OR ORGANIZATION Indianapolis Motio, Police Vept
ADDRESS: 50 North Alabama, E254
Indianapolis IN 46204
ADDITIONAL RESPONSE TO QUESTION
APPLICABLE TO: COUNCILLOR CANDIDATE SPOUSE DEPENDANT CHILD
PERSON, ENTITY OR ORGANIZATION
ADDRESS:

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ALL QUESTIONS	S MUST BE ANSWERED COMPLETELY AND LEGIBLY
a. Your Name: _	Jackie Nytes
b. Your Residence	3444 Washington Blvd
	Indianapolis, IN. 46205
c. Your Business A	
	Indianapolis IN 46205
TES NO	Enfo on the Council position ommittee
	14 Address of all Such Employers  14P41 Graduate School MFCDC
	s: Indpls. 130 E. 30th St.
Indpls. 1	
'IF YOU HAD MORE TI	HAN ONE EMPLOYER, USE ADDITIONAL SHEETS]
b. Were You Self-E YES NO <u></u>	
f Yes, the Nature of	f Such Business and the Name Under Which Conducted:

	uring the Prior Calendar Year, Did Your Spouse Receive Compensation in so of \$5000.00 from an Employer?
If Ye	s, the Name and Address of Such Employer
Empl	oyer's Name: Printing Partners  Oyer's Address: 929 W. 16 +2
Empl	oyer's Address: 929 W. 16 +A
	Indpls. IN 46202
[IF YO	UR SPOUSE WAS PAID \$5000.00 BY ADDITIONAL EMPLOYERS USE ADDITIONAL SHEET
b. Dui Comp	ring the Prior Calendar Year, Did Any of Your Dependant Children Receive ensation in Excess of \$5000.00 from an Employer? NO
f Yes,	the Name and Address of Such Employer
Name :	of Dependant Child
	yer's Name
Employ	yer's Address

If Yes, the Name and Addresses of Such Business Entities  Entity's Name:  Printing Partners  Entity's Name:  Printing Partners  Entity's Address:  129 W. 16 FA  Interpretation of State of Stat		Did You, Your Spouse or any of Your Dependant Children Either (i) Serve as an Officer of, (ii) Own an Equity Interest or Interest in the Earnings or Profits that Individuor in the Aggregate Exceeds 10%, in, or (iii) Directly or Indirectly Receive Compensation, in Aggregate in Excess of \$50 During the Past Year, from Any Business that did Business with or Solicited Business with the City or Cou
Entity's Name:    Product   Partner   Partner		YES NO
Entity's Address:  929 W. 16 FA ST.  If You, Your Spouse or Dependant Children had other entities that must be disclosed attach additional sheets]  Did You, Your Spouse, or any Dependant Child Serve as an Officer or Board Member of any Organization that Received or Applied for Funding from the County?  YES NO  If Yes, The Name and Address of such Organization or Organizations:  Person Serving: Councillor: Spouse Dependant Child  Name of Organization:  In dia na polis Symphony I chestra  Address of Organization:		If Yes, the Name and Addresses of Such Business Entities
Did You, Your Spouse, or any Dependant Child Serve as an Officer or Board Member of any Organization that Received or Applied for Funding from the County?  YES ✓ NO		Entity's Name: Printing Partners
Did You, Your Spouse, or any Dependant Child Serve as an Officer or Board Member of any Organization that Received or Applied for Funding from the County?  YES ✓ NO		Entity's Address: 929 W. 16+4 St.
County? YES NO  If Yes, The Name and Address of such Organization or Organizations:  Person Serving: Councillor: Spouse Dependant Child  Name of Organization:  Indiana polis Symphony I chestra  Address of Organization:		[IF YOU, YOUR SPOUSE OR DEPENDANT CHILDREN HAD OTHER ENTITIES THAT MAKE THE
Person Serving: Councillor: V Spouse Dependant Child  Name of Organization:  In diana polis Symphony Orchestra  Address of Organization:		Themsel of any Organization that Received or Applied for Funding formatter
Person Serving: Councillor: V Spouse Dependant Child  Name of Organization:  In diana polis Symphony Orchestra  Address of Organization:		
Name of Organization:  In dia na polis Symphony Orchestra  Address of Organization:		
Address of Organization:	N	Name of Organization:
[IF YOU, YOUR SPOUSE OR DEPENDANT CHILDREN HAD DOCUMENTED		· · · · · · · · · · · · · · · · · · ·
[IF YOU, YOUR SPOUSE OR DEPENDANT CHILDREN HAD DOGSTROOM		
ORGANIZATIONS THAT MUST BE DISCLOSED ATTACH ADDITIONAL SHEETS	_ [1	IF YOU, YOUR SPOUSE OR DEPENDANT CHILDREN HAD POSITIONS IN OTHER

6.	Except for Campaign Donations, Subject to IC 3-9-2 and Reported in Accordance with Law or Gifts from Persons Including Family Members with whom you have an On-Going Social Relationship not Related to Service on the Council Which are not Subject to Reporting on this form, did you Receive any Gifts, or Other Items, Valued Over \$100, or in the Aggregate over \$250, in the Prior Year From Any Person or Firm that does Business with or Seeks to do Business with the City or County or which Seeks to Influence Council Action?
	If Yes, List the Names of Such Persons or Firms:
	2 Indy 500=Tix value \$16000 total
	2 Indy Brickyard Tix Value \$ 160 total
7.	I ACKNOWLEDGE THAT IF ANY ITEMS REPORTED IN ITEMS 1 THROUGH 4 ABOVE CHANGE DURING THE YEAR I WILL UPDATE SUCH INFORMATION WITHIN 45 DAYS OF THE CHANGE.
	If the Space Provided on this Form is Inadequate, Additional Sheets may be used to Provide the Additional Information. <b>Are You Attaching Additional Sheets?</b> YES NO If Yes, How May Additional Sheets are Attached?
I AFF	IRM UNDER PENALTIES FOR PERJURY THAT MY STATEMENTS ARE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.
/	askii Nister
COUN	CILLOR DATE DATE

ADDITIONAL SHEET OF
ADDITIONAL RESPONSE TO QUESTION
APPLICABLE TO: COUNCILLOR CANDIDATE SPOUSE DEPENDANT CHILD
PERSON, ENTITY OR ORGANIZATION
ADDRESS:
ADDITIONAL RESPONSE TO QUESTION
APPLICABLE TO: COUNCILLOR CANDIDATE SPOUSE DEPENDANT CHILD
PERSON, ENTITY OR ORGANIZATION
ADDRESS:
ADDITIONAL RESPONSE TO QUESTION
APPLICABLE TO: COUNCILLOR CANDIDATE SPOUSE DEPENDANT CHILD
PERSON, ENTITY OR ORGANIZATION
ADDRESS:

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<u> </u>	ALL QUESTIONS MUST BE ANSWERED COMPLETELY AND LEGIBI
	a. Your Name: WILLIAM C. Oliver
l	b. Your Residence: 4712 E. 34 th St.
	Incloss. IN. 46218
c	2. Your Business Address: 4712 E. 34 th St.
	Indpls IN. 46218
	f Yes, the Name and Address of all Such Employers  Imployer's Name:
	mployer's Address:
	F YOU HAD MORE THAN ONE EMPLOYER, USE ADDITIONAL SHEETS]
Э.	Were You Self-Employed?
Y.	ES VNO

V26	
Nature of the Business: SNOW Ren  Name under Which Such Business was Conducted  3. a. During the Prior Calendar V.	18 10 0 2
Conducted	1.
YES NO from an Employer? YES	SERON S
If Yes, the Name and	• Receive Compensation in
Employer's Name:	
Employer's Address:	-
/IF YOUR SPOUSE WAS	
b. During the Prior Calendar Year, Did Any of Your Depe YES  NO  If Yes, the Name and Address of 8	RS USE ADDITIONAL SHEET
If Yes, the Name and A.	ndant Children Receive
Name of Dependant Community of Such Employer	
Employer's Name  Employer's Add	
Employer's Address	
TIF YOUR DEPENDANT CHILDREN HAD OTHER EMPLOYERS WHO PAID TH	
TEMPLOYERS WHO PAID TH	VEM OVER \$5000.00

	Did You, Your Spouse or any of Your Dependant Children Either (i) Serve as an Officer of, (ii) Own an Equity Interest or Interest in the Earnings or Profits that Individually or in the Aggregate Exceeds 10%, in, or (iii) Directly or Indirectly Receive Compensation, in Aggregate in Excess of \$5000.00 During the Past Year, from Any Business that did Business with or Solicited Business with the City or County?
	YES NO
	If Yes, the Name and Addresses of Such Business Entities
	Entity's Name:
-	Entity's Address:
l I	OIF YOU, YOUR SPOUSE OR DEPENDANT CHILDREN HAD OTHER ENTITIES THAT MUST BE DISCLOSED ATTACH ADDITIONAL SHEETS]  Did You, Your Spouse, or any Dependant Child Serve as an Officer or Board Member of any Organization that Received or Applied for Funding from the City or
(	County? YES NO
	f Yes, The Name and Address of such Organization or Organizations:
P	Person Serving: Councillor: Spouse Dependant Child
<b>\</b>	Name of Organization:

ORGANIZATIONS THAT MUST BE DISCLOSED ATTACH ADDITIONAL SHEETS

6.	Law or Gifts from Persons Including Factoring Social Relationship not Related to to Reporting on this form, did you Receives \$100, or in the Aggregate over \$250, in	et to IC 3-9-2 and Reported in Accordance with mily Members with whom you have an On- Service on the Council Which are not Subject we any Gifts, or Other Items, Valued Over the Prior Year From Any Person or Firm Business with the City or County or which
	If Yes, List the Names of Such Persons	or Firms:
7.	I ACKNOWLEDGE THAT IF ANY IT 4 ABOVE CHANGE DURING THE YE INFORMATION WITHIN 45 DAYS O	
	If the Space Provided on this Form is Inade Provide the Additional Information. Are YES NO	
	If Yes, How May Additional Sheets are Att	rached?
	IRM UNDER PENALTIES FOR PERJU E AND ACCURATE TO THE BEST OF M	
W	Ellian C. William .	6-29-09
COUN	NCILLOR	DATE

ADDITIONAL SHEET OF	
ADDITIONAL RESPONSE TO QUESTION	
APPLICABLE TO: COUNCILLOR CANDIDATE DEPENDANT CHILD	
PERSON, ENTITY OR ORGANIZATION	
ADDRESS:	
ADDITIONAL RESPONSE TO QUESTION	
APPLICABLE TO: COUNCILLOR CANDIDATE _ DEPENDANT CHILD	
PERSON, ENTITY OR ORGANIZATION	
ADDRESS:	
ADDITIONAL RESPONSE TO QUESTION	
APPLICABLE TO: COUNCILLOR CANDIDATE DEPENDANT CHILD	
PERSON, ENTITY OR ORGANIZATION	
ADDRESS:	

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Failure to file this form in a timely manner may subject the Councillor or candidate to sanctions by the Ethics Committee of the City-County Council.

a. Your Name:	Markey Theturo
b. Your Residen	ce:
	Juple, Su. 46224
c. Your Business	Address: All abjus for Provid Coursel office
YES NO <u>/</u>	
YES NO <u>//</u> If Yes, the Name	ve Compensation From Any Employers in the Prior Year?  and Address of all Such Employers  e:
YES NO <u>//</u> If Yes, the Name Employer's Nam	and Address of all Such Employers
YES NO _/_ If Yes, the Name Employer's Nam Employer's Addi	and Address of all Such Employers
YES NO <u>//</u> If Yes, the Name Employer's Nam Employer's Addi	and Address of all Such Employers e: ress: THAN ONE EMPLOYER, USE ADDITIONAL SHEETS]

Na	nme under Which Such Business was Conducted:
ex	During the Prior Calendar Year, Did Your Spouse Receive Compensation in cess of \$5000.00 from an Employer?
If	Yes, the Name and Address of Such Employer
En	nployer's Name:
En	nployer's Address:
b. Co	TYOUR SPOUSE WAS PAID \$5000.00 BY ADDITIONAL EMPLOYERS USE ADDITIONAL SHE During the Prior Calendar Year, Did Any of Your Dependant Children Rece Empensation in Excess of \$5000.00 from an Employer?
If `	Yes, the Name and Address of Such Employer
Na	me of Dependant Child
En	iployer's Name

[IF YOUR DEPENDANT CHILDREN HAD OTHER EMPLOYERS WHO PAID THEM OVER \$5000.00 USE ADDITIONAL SHEETS]

	Did You, Your Spouse or any of Your Dependant Children Either (i) Serve as an Officer of, (ii) Own an Equity Interest or Interest in the Earnings or Profits that Individually or in the Aggregate Exceeds 10%, in, or (iii) Directly or Indirectly Receive Compensation, in Aggregate in Excess of \$5000.00 During the Past Year, from Any Business that did Business with or Solicited Business with the City or County?
	YES NO <a href="#">NO <a href="#">V</a></a>
	If Yes, the Name and Addresses of Such Business Entities
	Entity's Name:
•	Entity's Address:
1	TIF YOU, YOUR SPOUSE OR DEPENDANT CHILDREN HAD OTHER ENTITIES THAT MUST BE DISCLOSED ATTACH ADDITIONAL SHEETS]
•	Did You, Your Spouse, or any Dependant Child Serve as an Officer or Board Member of any Organization that Received or Applied for Funding from the City or County?  YESNO
]	f Yes, The Name and Address of such Organization or Organizations:
1	Person Serving: Councillor: Spouse Dependant Child
ľ	Name of Organization:
P	Address of Organization:

[IF YOU, YOUR SPOUSE OR DEPENDANT CHILDREN HAD POSITIONS IN OTHER ORGANIZATIONS THAT MUST BE DISCLOSED ATTACH ADDITIONAL SHEETS

ADDITIONAL SHEET OF
ADDITIONAL RESPONSE TO QUESTION
APPLICABLE TO: COUNCILLOR CANDIDATE SPOUSE DEPENDANT CHILD
PERSON, ENTITY OR ORGANIZATION
ADDRESS:
ADDITIONAL RESPONSE TO QUESTION
APPLICABLE TO: COUNCILLOR CANDIDATE SPOUSE DEPENDANT CHILD
PERSON, ENTITY OR ORGANIZATION
ADDRESS:
A DDITIONAL DEGRONGE TO OVERTION
ADDITIONAL RESPONSE TO QUESTION
APPLICABLE TO: COUNCILLOR CANDIDATE SPOUSE DEPENDANT CHILD
PERSON, ENTITY OR ORGANIZATION
ADDRESS:

6.	Except for Campaign Donations, Subject to IC 3-9-2 and Reported in Accordance with Law or Gifts from Persons Including Family Members with whom you have an On-Going Social Relationship not Related to Service on the Council Which are not Subject to Reporting on this form, did you Receive any Gifts, or Other Items, Valued Over \$100, or in the Aggregate over \$250, in the Prior Year From Any Person or Firm that does Business with or Seeks to do Business with the City or County or which Seeks to Influence Council Action?  YESNO				
	If Yes, List the Names of Such Persons or Firms:				
	Datendel a divine Prosted for IPL and I finited by United by				
	The 1 ME. However, they do not do business without proved they try to influence my vote.				
7.	I ACKNOWLEDGE THAT IF ANY ITEMS REPORTED IN ITEMS 1 THROUGH 4 ABOVE CHANGE DURING THE YEAR I WILL UPDATE SUCH INFORMATION WITHIN 45 DAYS OF THE CHANGE.				
	If the Space Provided on this Form is Inadequate, Additional Sheets may be used to Provide the Additional Information. <b>Are You Attaching Additional Sheets?</b> YES NO/				
	If Yes, How May Additional Sheets are Attached?				
I AFI TRU	FIRM UNDER PENALTIES FOR PERJURY THAT MY STATEMENTS ARE E AND ACCURATE TO THE BEST OF MY KNOWLEDGE.				
	Marien Victure Gras 24, 2009				
COU	NCILLÓR DATE				

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	ALL QUESTIONS MUST BE ANSWERED COMPLETELY AND LEGIBLY
1.	a. Your Name: Plowman, Lincoln L.
	b. Your Residence: 7356 Oxbridge Pace
	Indianagoolis, IN 46259
	c. Your Business Address:  7815 S. Emerson Ave. # 269
	Indianapolis, IN 46237
2.	a. Did You Receive Compensation From Any Employers in the Prior Year?  YES X NO
	If Yes, the Name and Address of all Such Employers
	Employer's Name: Indianapolis Metropolitan tolice Deportment
	Employer's Address: 50 N, Alabama St.
	Indiana polis, IN The (46204)
	[IF YOU HAD MORE THAN ONE EMPLOYER, USE ADDITIONAL SHEETS]
	b. Were You Self-Employed? YES NO X_
	If Yes, the Nature of Such Rusiness and the Name Under Which Conducted

Nature of the Business:
Name under Which Such Business was Conducted:
a. During the Prior Calendar Year, Did Your Spouse Receive Compensation in excess of \$5000.00 from an Employer?  YESNO ×
If Yes, the Name and Address of Such Employer
Employer's Name:
Employer's Address:
[IF YOUR SPOUSE WAS PAID \$5000.00 BY ADDITIONAL EMPLOYERS USE ADDITIONAL SHEETS]
b. During the Prior Calendar Year, Did Any of Your Dependant Children Receive Compensation in Excess of \$5000.00 from an Employer?  YES NO
<del></del>
If Yes, the Name and Address of Such Employer
If Yes, the Name and Address of Such Employer

USE ADDITIONAL SHEETS]

tity's Name:
tity's Address:
YOU, YOUR SPOUSE OR DEPENDANT CHILDREN HAD OTHER ENTITIES THAT MUST BE CLOSED ATTACH ADDITIONAL SHEETS]
You, Your Spouse, or any Dependant Child Serve as an Officer or Board mber of any Organization that Received or Applied for Funding from the City or inty?  SNO_X
es, The Name and Address of such Organization or Organizations:
son Serving: Councillor: Spouse Dependant Child
ne of Organization:
lress of Organization:

6.	Except for Campaign Donations, Subject to IC 3-9-2 and Reported in Accordance with Law or Gifts from Persons Including Family Members with whom you have an On-Going Social Relationship not Related to Service on the Council Which are not Subject to Reporting on this form, did you Receive any Gifts, or Other Items, Valued Over \$100, or in the Aggregate over \$250, in the Prior Year From Any Person or Firm that does Business with or Seeks to do Business with the City or County or which Seeks to Influence Council Action?  YESNO
	If Yes, List the Names of Such Persons or Firms:
7.	I ACKNOWLEDGE THAT IF ANY ITEMS REPORTED IN ITEMS 1 THROUGH 4 ABOVE CHANGE DURING THE YEAR I WILL UPDATE SUCH INFORMATION WITHIN 45 DAYS OF THE CHANGE.
	If the Space Provided on this Form is Inadequate, Additional Sheets may be used to Provide the Additional Information. <b>Are You Attaching Additional Sheets?</b> YES X NO
I AF	If Yes, How May Additional Sheets are Attached?  FIRM UNDER PENALTIES FOR PERJURY THAT MY STATEMENTS ARE  FAND ACCURATE TO THE DEST OF MY KNOWN FROM
$\preceq$	E AND ACCURATE TO THE BEST OF MY KNOWLEDGE.
′COU	NCILLOR DATE
	I, DATE AND RETURN TO: CLERK OF THE COUNCIL, 241 CITY-COUNTY DING, INDIANAPOLIS, INDIANA, 46204.

ADDITIONAL SHEET / OF / .
ADDITIONAL RESPONSE TO QUESTION 2
APPLICABLE TO: COUNCILLOR X CANDIDATE SPOUSE DEPENDANT CHILD
PERSON, ENTITY OR ORGANIZATION Marion County - Indianapolis C.ty - County Council
ADDRESS: 50 N. Alchame St.
Intanapolis, IN 46204
ADDITIONAL RESPONSE TO QUESTION
APPLICABLE TO: COUNCILLOR CANDIDATE SPOUSE DEPENDANT CHILD
PERSON, ENTITY OR ORGANIZATION
ADDRESS:
ADDITIONAL RESPONSE TO QUESTION
APPLICABLE TO: COUNCILLOR CANDIDATE SPOUSE DEPENDANT CHILD
PERSON, ENTITY OR ORGANIZATION
ADDRESS:

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ALL QUESTION	
a. Your Name:	Joanne M. Sanders
b. Your Residence	e:
	5144 N Carrollton Ave
	Indianapolis, IN 46205
c. Your Business A	
	1430 Broadway 20th Fl
	New York, NY 10018
	e Compensation From Any Employers in the Prior Year?
If Yes, the Name ar	e Compensation From Any Employers in the Prior Year?
If Yes, the Name an	e Compensation From Any Employers in the Prior Year?
If Yes, the Name an	e Compensation From Any Employers in the Prior Year?  Int'l Alliance of Theatrical Stage Emplo

Name under Which Such	Business was Conducted: N/A
a. During the Prior Calen excess of \$5000.OO from YESNO _XX	dar Year, Did Your Spouse Receive Compensation in an Employer?
If Yes, the Name and Add	ress of Such Employer
Employer's Name:	N/A
Employer's Address:	
YESNO _XX  If Yes, the Name and Address	lar Year, Did Any of Your Dependant Children Receive \$5000.00 from an Employer?
Name of Dependant Child	
	N/A
Employer's Name	
Employer's Name  Employer's Address	N/A

•

	Did You, Your Spouse or any of Your Dependant Children Either  (i) Serve as an Officer of,  (ii) Own an Equity Interest or Interest of Int
	(ii) Own an Equity Interest or Interest in the Earnings or Profits that Individually or in the Aggregate Exceeds 10%, in, or
	(iii) Directly or Indirectly Receive Compensation, in Aggregate in Excess of \$5000.  During the Past Year, from
	During the Past Year, from
	Any Business that did Business with or Solicited Business with the City or County
	YES NO_XX
	If Yes, the Name and Addresses of Such Business Entities
	Entity's Name:
	N/A
	Entity's Address:
	N/A
•	Did You, Your Spouse, or any Dependant Child Serve as an Officer or Board Member of any Organization that Received or Applied for Funding from the City o County?  YES XX NO  If Yes, The Name and Address of such Organization or Organizations:
p	
	Person Serving: Councillor: XX Spouse Dependant Child
N	Person Serving: Councillor: XX Spouse Dependant Child
N	Person Serving: Councillor: XX Spouse Dependant Child
N	Person Serving: Councillor: XX Spouse Dependant Child

[IF YOU, YOUR SPOUSE OR DEPENDANT CHILDREN HAD POSITIONS IN OTHER ORGANIZATIONS THAT MUST BE DISCLOSED ATTACH ADDITIONAL SHEETS

6.	Going Social Relationship not Related to to Reporting on this form, did you Receiv \$100, or in the Aggregate over \$250 in t	t to IC 3-9-2 and Reported in Accordance with nily Members with whom you have an On-Service on the Council Which are not Subject to any Gifts, or Other Items, Valued Over he Prior Year From Any Person or Firm usiness with the City or County or which
	If Yes, List the Names of Such Persons of	r Firms:
	Dinner at Nat'l League of Ci	tion Vooling II
	500 Tix, Brickyard TixIndi	anapolis Motor Speedway
7.	I ACKNOWLEDGE THAT IF ANY ITEM 4 ABOVE CHANGE DURING THE YEA INFORMATION WITHIN 45	PIWHI INDATE CYLOR
	INFORMATION WITHIN 45 DAYS OF THE Space Provided on this Form is Inadeque Provide the Additional Information. Are You YES XXNO	nate, Additional Sheets may be used to  Attaching Additional Sheets?
	If Yes, How May Additional Sheets are Attack	
TRUE	RM UNDER PENALTIES FOR PERJURY AND ACCURATE TO THE BEST OF MY	THAT MY STATEMENTS ARE KNOWLEDGE.
107	Z11A / 1 / 1	

ADDITIONAL SHEET 1 OF 1.
ADDITIONAL RESPONSE TO QUESTION5
APPLICABLE TO: COUNCILLOR <u>**</u> CANDIDATE SPOUSE DEPENDANT CHILD
PERSON, ENTITY OR ORGANIZATION ICVA
ADDRESS: 30 S Meridian Street Ste 410
Indianapolis, IN 46204
ADDITIONAL RESPONSE TO QUESTION5
APPLICABLE TO: COUNCILLOR XX CANDIDATE SPOUSE DEPENDANT CHILD
PERSON, ENTITY OR ORGANIZATIONCIRTA
ADDRESS: 200 East Washington Street RM 2002
Indianapolis, IN 46204
ADDITIONAL RESPONSE TO QUESTION _5
APPLICABLE TO: COUNCILLOR XX CANDIDATE SPOUSE DEPENDANT CHILD
PERSON, ENTITY OR ORGANIZATION Bethlehem House
ADDRESS: 130 East 30th Street
Indianapolis, IN 46205

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ALL QUESTIONS IV	<u> MUST BE ANSWERED COMPLETELY AND LEGIBLY</u>
a. Your Name:	Christine Scales
b. Your Residence:	5133 Plantation Drive
	Indianapolis, Indianation
c. Your Business Ado	\
YES NO X	Compensation From Any Employers in the Prior Year?
If Yes, the Name and	l Address of all Such Employers
If Yes, the Name and	l Address of all Such Employers
If Yes, the Name and Employer's Name:	
If Yes, the Name and Employer's Name:Employer's Address:	
If Yes, the Name and Employer's Name:Employer's Address:	:

	Name under Which Such Business was Conducted:
	a. During the Prior Calendar Year, Did Your Spouse Receive Compensation in excess of \$5000.00 from an Employer?  YES XNO
	If Yes, the Name and Address of Such Employer
	Employer's Kadiology Associate's of Indianapolis
	Employer's Kadiology Associate's of Indianapolis Employer's Address: 1600 Albany, Suite 906
	Beech grove, IN 46107
	[IF YOUR SPOUSE WAS PAID \$5000.00 BY ADDITIONAL EMPLOYERS USE ADDITIONAL SHEETS]
	b. During the Prior Calendar Year, Did Any of Your Dependant Children Receive
+	Compensation in Excess of \$5000.00 from an Employer?  YES NO \
	Compensation in Excess of \$5000.00 from an Employer?
	Compensation in Excess of \$5000.00 from an Employer?  YES NO \( \sum_{\text{L}} \)
	Compensation in Excess of \$5000.00 from an Employer?  YESNO \  If Yes, the Name and Address of Such Employer

Did You, Your Spouse or any of Your Dependant Children Either  (i) Serve as an Officer of,  (ii) Own an Equity Interest or Interest in the Earnings or Profits that Individually or in the Aggregate Exceeds 10%, in, or  (iii) Directly or Indirectly Receive Compensation, in Aggregate in Excess of \$5000.00 During the Past Year, from Any Business that did Business with or Solicited Business with the City or County?
YES NO X
If Yes, the Name and Addresses of Such Business Entities
Entity's Name:
Entity's Address:
[IF YOU, YOUR SPOUSE OR DEPENDANT CHILDREN HAD OTHER ENTITIES THAT MUST BE DISCLOSED ATTACH ADDITIONAL SHEETS]
Did You, Your Spouse, or any Dependant Child Serve as an Officer or Board Member of any Organization that Received or Applied for Funding from the City or County?
Did You, Your Spouse, or any Dependant Child Serve as an Officer or Board Member of any Organization that Received or Applied for Funding from the City or County?  YES X NO
Did You, Your Spouse, or any Dependant Child Serve as an Officer or Board Member of any Organization that Received or Applied for Funding from the City or County?  YES X NO  If Yes, The Name and Address of such Organization or Organizations:
Did You, Your Spouse, or any Dependant Child Serve as an Officer or Board Member of any Organization that Received or Applied for Funding from the City or County?  YES X NO  If Yes, The Name and Address of such Organization or Organizations:  Person Serving: Councillor: X Spouse Dependant Child  Name of Organization:

6.

Except for Campaign Donations, Subject to IC 3-9-2 and Reported in Accordance with

Law or Gifts from Persons Including Family Members with whom you have an On-Going Social Relationship not Related to Service on the Council Which are not Subject to Reporting on this form, did you Receive any Gifts, or Other Items, Valued Over \$100, or in the Aggregate over \$250, in the Prior Year From Any Person or Firm that does Business with or Seeks to do Business with the City or County or which Seeks to Influence Council Action?

YES X NO

~	If Yes, List the Names of Such Persons or Firms:
1	) a tickets to opening game of CoH's team at Lucas
	Oil Stadiom-Tim Irsby's Suite, from Tim Irsay
4	2) a Wine of basses with I hapis Motor Speedway Evgraving
مدر	tromthed IMS-possibly \$100 traine
-	3) \$150,00 yitt Carato Sullivan's SteakHouse
	From 15/11/02/1/1/1/1/2/1/2/1/2/2/2/2/2/2/2/2/2
	appreciation for efforts benefiting business
	attached:
(	(1) IPL Dinner at Conrad Hotel
C	5) IMS Offer of tickets to scheduled rares-re
7.	I ACKNOWLEDGE THAT IF ANY ITEMS REPORTED IN ITEMS 1 THROUGH 4 ABOVE CHANGE DURING THE YEAR I WILL UPDATE SUCH INFORMATION WITHIN 45 DAYS OF THE CHANGE.
	If the Space Provided on this Form is Inadequate, Additional Sheets may be used to Provide the Additional Information. <b>Are You Attaching Additional Sheets?</b>
	YES X NO
	TRM UNDER PENALTIES FOR PERJURY THAT MY STATEMENTS ARE E AND ACCURATE TO THE BEST OF MY KNOWLEDGE.
I I C	o ' o' '
<u> </u>	live Line Leales July 1,2009
COU	NCILLOR DATE T

INDIANAPOLIS CITY-COUNTY COUNCIL ETHICS DISCLOSURE STATEMENT	
ADDITIONAL SHEET OF	See Attacked Sheet
ADDITIONAL RESPONSE TO QUESTION	Sheet
APPLICABLE TO: COUNCILLOR CANDIDATE SPECIFIC COUNCILLOR	OUSE
PERSON, ENTITY OR ORGANIZATION	
ADDRESS:	
ADDITIONAL RESPONSE TO QUESTION	
APPLICABLE TO: COUNCILLOR CANDIDATE SPONDED	OUSE
PERSON, ENTITY OR ORGANIZATION	
ADDRESS:	
ADDITIONAL RESPONSE TO QUESTION	
APPLICABLE TO: COUNCILLOR CANDIDATE SPO DEPENDANT CHILD	OUSE
PERSON, ENTITY OR ORGANIZATION	
ADDRESS:	

#### June 30,2009

Mr. David Ellis Mike's Express Carwash 10251 Hague Road Indianapolis, Indiana 46256

Dear Mr. Ellis:

Please accept my belated recognition of your thoughtful \$150.00 gift card to Sullivan's Steak House. I know your intentions were to show appreciation for my efforts on behalf of Mike's Express Carwash. It would be inappropriate for me to accept it, as serving and working on behalf of my constituents is what I was elected to do. The pleasure I receive in fulfilling the responsibilities of my office, especially when my efforts are met with satisfaction, is all I expect.

Please know that the thought behind the gift card is an encouragement to me.

I look forward to a working to seeing the Kelly Lane issue brought to successful resolution.

Sincerely,

Christine Scales
City County Councillor, District 4

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	S MUST BE ANSWERED COMPLETELY AND LEGIBLY
a. Your Name: _	DENT Brackley Smith
1 X7 - 15 - 11	
b. Your Residenc	
	Diversity - activities
c. Your Business	Address:
1122	Brook Lane Internato 15 In 46202
	, and the second
***************************************	
a. Did You Receiv	e Compensation From Any Employers in the Prior Year?
YES 📈 NO	
<del></del>	and Address of all Such Employees
If Yes, the Name	and Address of all Such Employers
If Yes, the Name	and Address of all Such Employers  : U.S. Army ITP   fary Tegar foot of
If Yes, the Name	: U.S. Army Mili facy Degan front of
If Yes, the Name	: U.S. Army Mili facy Degan front of
If Yes, the Name at Employer's Name Employer's Addr	ess: 2002 5 Holf Rd.
If Yes, the Name a	: U.S. Army Mili facy Degan front of
Employer's Name Employer's Addr  Indianage,	ess: 2002 5 Holf Rd.
If Yes, the Name : Employer's Name Employer's Addr	ess: 2002 S. Hoff Rd.  THAN ONE EMPLOYER, USE ADDITIONAL SHEETS]
If Yes, the Name : Employer's Name Employer's Addr	ess: 2002 S. Hoff Rd.  THAN ONE EMPLOYER, USE ADDITIONAL SHEETS]

	ich Business was Conducted	d: LBS Codsn/fing
a. During the Prior Ca excess of \$5000.00 from YES _/NO	•	ouse Receive Compensation in
If Yes, the Name and	Address of Such Employer	
Employer's Name:	Workforce Dove log	1 med
Employer's Address:_	850 Beachway Dr.	ve Saife 110
Indianapoli	s, Indiana	ve Smits 110 46224
		MPLOYERS USE ADDITIONAL SH
0	alendar Year, Did Any of Yoss of \$5000.00 from an Emp	our Dependant Children Rec oloyer?
If Yes, the Name and A	Address of Such Employer	
Name of Dependant C	hild	
Employer's Name		

[IF YOUR DEPENDANT CHILDREN HAD OTHER EMPLOYERS WHO PAID THEM OVER \$5000.00 USE ADDITIONAL SHEETS]

Did You, Your Spouse or any of Your Dependant Children Either (i) Serve as an Officer of, (ii) Own an Equity Interest or Interest in the Earnings or Profits that Individually or in the Aggregate Exceeds 10%, in, or (iii) Directly or Indirectly Receive Compensation, in Aggregate in Excess of \$5000.00 During the Past Year, from Any Business that did Business with or Solicited Business with the City or County?
YES NO/
If Yes, the Name and Addresses of Such Business Entities
Entity's Name:
Entity's Address:
[IF YOU, YOUR SPOUSE OR DEPENDANT CHILDREN HAD OTHER ENTITIES THAT MUST BE DISCLOSED ATTACH ADDITIONAL SHEETS]
Did You, Your Spouse, or any Dependant Child Serve as an Officer or Board Member of any Organization that Received or Applied for Funding from the City or County?  YES NO
If Yes, The Name and Address of such Organization or Organizations:
Person Serving: Councillor: Spouse Dependant Child
Name of Organization: ( Found fion - Charterschool
Address of Organization: 2600 Capitol Ave.

[IF YOU, YOUR SPOUSE OR DEPENDANT CHILDREN HAD POSITIONS IN OTHER ORGANIZATIONS THAT MUST BE DISCLOSED ATTACH ADDITIONAL SHEETS

6.	Except for Campaign Donations, Subject to IC 3-9-2 and Reported in Accordance with Law or Gifts from Persons Including Family Members with whom you have an On-Going Social Relationship not Related to Service on the Council Which are not Subject to Reporting on this form, did you Receive any Gifts, or Other Items, Valued Over \$100, or in the Aggregate over \$250, in the Prior Year From Any Person or Firm that does Business with or Seeks to do Business with the City or County or which Seeks to Influence Council Action?  YESNO
	If Yes, List the Names of Such Persons or Firms:
	Indianapolis Power and Light Indianapolis Down town Inc
	Ve ola Water
	United Water
	Indiana joks Air port
	IndiaNApolis 500
	,
7.	I ACKNOWLEDGE THAT IF ANY ITEMS REPORTED IN ITEMS 1 THROUGH 4 ABOVE CHANGE DURING THE YEAR I WILL UPDATE SUCH INFORMATION WITHIN 45 DAYS OF THE CHANGE.
	If the Space Provided on this Form is Inadequate, Additional Sheets may be used to Provide the Additional Information. <b>Are You Attaching Additional Sheets?</b>
	YES NO
	If Yes, How May Additional Sheets are Attached?
	FIRM UNDER PENALTIES FOR PERJURY THAT MY STATEMENTS ARE UE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.
	- 3 ML 29/1 - 0
CO	UNCILLOR DATE

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a. Your Name:	Mike	Speed	ly	
b. Your Residence:			•	Terrace
	4623	37	***************************************	
c. Your Business Address:	6801	Gra	y Rd,	Ste. G
	4623	`	J	
a. Did You Receive Compen YES X NO	sation From	Any Emplo	oyers in the l	Prior Year?
YES X NO  If Yes, the Name and Addre	ess of all Such	Employer:	s	
YES X NO  If Yes, the Name and Addre	ess of all Such	Employer:	s	
YES X NO	ess of all Such	Employer:	s	
YES X NO  If Yes, the Name and Addre	ess of all Such	e Employers	India  Dashing t	

Nature of the	ne Business: Real Estate Development/Cons
Name unde	r Which Such Business was Conducted:
	American Village Properties, LLC
a. During the excess of \$5 YES NO	ne Prior Calendar Year, Did Your Spouse Receive Compensation in 6000.00 from an Employer?
If Yes, the l	Name and Address of Such Employer
Employer's	Name:
Employer's	Address:
<i>JIF YOUR SPO</i>	OUSE WAS PAID \$5000.00 BY ADDITIONAL EMPLOYERS USE ADDITIONAL SHEETS
b. During tl	ion in Excess of \$5000.00 from an Employer?
b. During the Compensation of National National Compensation of National Compensation (National Compensation of National	ion in Excess of \$5000.00 from an Employer?
b. During the Compensation of YESN	Name and Address of Such Employer
b. During the Compensation of YESN  If Yes, the Name of De	ion in Excess of \$5000.00 from an Employer?

Susiness that did Business with or Solicited Business with the City or County?  X NO, the Name and Addresses of Such Business Entities  I's Name: Brookhaven Apartments, L. P. / Properties, I's Address:  500 East 96th Street, Ste 300  Indianapolis, IN 46240
"s Name: Brookhaven Apartments, L. P. / Properties,
Indianapolis, IN 46240
U, YOUR SPOUSE OR DEPENDANT CHILDREN HAD OTHER ENTITIES THAT MUST BE OSED ATTACH ADDITIONAL SHEETSJ
ou, Your Spouse, or any Dependant Child Serve as an Officer or Board eer of any Organization that Received or Applied for Funding from the City or y? NO
The Name and Address of such Organization or Organizations:
Serving: Councillor: Spouse Dependant Child
of Organization:
ss of Organization:

6.	Except for Campaign Donations, Subject to IC 3-9-2 and Reported in Accordance with Law or Gifts from Persons Including Family Members with whom you have an On-Going Social Relationship not Related to Service on the Council Which are not Subject to Reporting on this form, did you Receive any Gifts, or Other Items, Valued Over \$100, or in the Aggregate over \$250, in the Prior Year From Any Person or Firm that does Business with or Seeks to do Business with the City or County or which Seeks to Influence Council Action?  YES X NO
	If Yes, List the Names of Such Persons or Firms:
	Indianapolis Motor Speedway
	a) Tickets to Indy 500
	6) 11 to Allstate 400
	c) " to Motocycle Race
	d) Holday alassure
	Indiana Youth Links Got Outing Fundraiser - June 2008
	auport authority Parking Privileges
	Indiana Youth Links Got Outing Fundraiser - June 2008  auport authority Parking Privileges  Dinner with Caucus Members Losted by IPL
7.	I ACKNOWLEDGE THAT IF ANY ITEMS REPORTED IN ITEMS 1 THROUGH 4 ABOVE CHANGE DURING THE YEAR I WILL UPDATE SUCH INFORMATION WITHIN 45 DAYS OF THE CHANGE.
	If the Space Provided on this Form is Inadequate, Additional Sheets may be used to Provide the Additional Information. Are You Attaching Additional Sheets?  YES X NO
	If Yes, How May Additional Sheets are Attached?
I AFI TRU	FIRM UNDER PENALTIES FOR PERJURY THAT MY STATEMENTS ARE E AND ACCURATE TO THE BEST OF MY KNOWLEDGE.  6-30-09
/-/	

ADDITIONAL SHEET OF
additional response to question $2$
APPLICABLE TO: COUNCILLOR X CANDIDATE SPOUSE DEPENDANT CHILD
PERSON, ENTITY OR ORGANIZATION <u>American Village Properties</u> , ILC
ADDRESS: 6801 Gray RD, Ste G 46237
ADDITIONAL RESPONSE TO QUESTION
APPLICABLE TO: COUNCILLOR K CANDIDATE SPOUSE DEPENDANT CHILD
PERSON, ENTITY OR ORGANIZATION <u>Cold Spring Housing</u> Associates, LLC
ADDRESS: 8910 Purbue Road, Ste. 730
person, entity or organization <u>Cold Spring Nousing</u> Associates, LLC address: <u>8910 Purbue Road, Ste.</u> 730 Indianapolis, IN 46268
ADDITIONAL RESPONSE TO QUESTION $2$
APPLICABLE TO: COUNCILLOR K CANDIDATE SPOUSE SPOUSE
person, entity or organization <u>Edward Rose Development</u> Company,
ADDRESS: 6/01 Newport Rd LLC
Portage, MI 49003

Sec. 151-1123 of the Revised Code of the Consolidated City and County requires all Councillors and any declared candidate for City-County Council to file this statement. For the year 2009, the statement is due July 1, 2009. Thereafter, the statement is due February 1 or within 30 days of taking office. Candidates are required to file before or at the same time as filing a candidate's declaration or petition.

a. Your Nam	e: Ryan Vangha
b. Your Resid	ence: N. College Ave
	polis, IN 46240
c. Your Busin	
a. Did You Re	
a. Did You Ro YES NO	ceive Compensation From Any Employers in the Prior Year? ————————————————————————————————————
a. Did You Ro YES NO	ceive Compensation From Any Employers in the Prior Year?
a. Did You Ro YES NO If Yes, the Na Employer's N	ceive Compensation From Any Employers in the Prior Year? ————————————————————————————————————
a. Did You Ro YES NO If Yes, the Na Employer's N	me and Address of all Such Employers  ame: Barnes Thomburg ULP  ddress: // S. Mundian
a. Did You Ro YES NO If Yes, the Na Employer's N	me and Address of all Such Employers  ame: Barnes Thomburg ULP

Nai	me under Which Such Business was Conducted: Barnes & Thombus
exc	During the Prior Calendar Year, Did Your Spouse Receive Compensation in ess of \$5000.00 from an Employer?
If \	es, the Name and Address of Such Employer
Em	ployer's Name: Rolls-Royce
	ployer's Address:
_	YOUR SPOUSE WAS PAID \$5000.00 BY ADDITIONAL EMPLOYERS USE ADDITIONAL SHEE
Coı	During the Prior Calendar Year, Did Any of Your Dependant Children Receivnpensation in Excess of \$5000.00 from an Employer?  SNO \( {} \)
	es, the Name and Address of Such Employer
Nar	ne of Dependant Child None
Em	ployer's Name
Em	ployer's Address

	Did You, Your Spouse or any of Your Dependant Children Either (i) Serve as an Officer of, (ii) Own an Equity Interest or Interest in the Earnings or Profits that Individually
	or in the Aggregate Exceeds 10%, in, or
	(iii) Directly or Indirectly Receive Compensation, in Aggregate in Excess of \$5000.00 During the Past Year, from
	Any Business that did Business with or Solicited Business with the City or County?
	YES X NO
	If Yes, the Name and Addresses of Such Business Entities
	Entity's Name: Bames & Thornburg LLP
	Entity's Address:
	Indpolis, IN 46204
	[IF YOU, YOUR SPOUSE OR DEPENDANT CHILDREN HAD OTHER ENTITIES THAT MUST BE DISCLOSED ATTACH ADDITIONAL SHEETS]
	Did You, Your Spouse, or any Dependant Child Serve as an Officer or Board Member of any Organization that Received or Applied for Funding from the City or County? YES NO
	If Yes, The Name and Address of such Organization or Organizations:
	Person Serving: Councillor: Spouse Dependant Child
	Name of Organization:
	Address of Organization:
10	[IF YOU, YOUR SPOUSE OR DEPENDANT CHILDREN HAD POSITIONS IN OTHER ORGANIZATIONS THAT MUST BE DISCLOSED ATTACH ADDITIONAL SHEETS

6.	Except for Campaign Donations, Subject to IC 3-9-2 and Reported in Accordance with Law or Gifts from Persons Including Family Members with whom you have an On-Going Social Relationship not Related to Service on the Council Which are not Subject to Reporting on this form, did you Receive any Gifts, or Other Items, Valued Over \$100, or in the Aggregate over \$250, in the Prior Year From Any Person or Firm that does Business with or Seeks to do Business with the City or County or which Seeks to Influence Council Action?  YES NO
	If Yes, List the Names of Such Persons or Firms:  Indianopolis Chamber of Communa  Indianopolis Colfs  Indianopolis Commo Light
7.	I ACKNOWLEDGE THAT IF ANY ITEMS REPORTED IN ITEMS 1 THROUGH 4 ABOVE CHANGE DURING THE YEAR I WILL UPDATE SUCH INFORMATION WITHIN 45 DAYS OF THE CHANGE.
	If the Space Provided on this Form is Inadequate, Additional Sheets may be used to Provide the Additional Information. <b>Are You Attaching Additional Sheets?</b> YES NO If Yes, How May Additional Sheets are Attached?
	IRM UNDER PENALTIES FOR PERJURY THAT MY STATEMENTS ARE AND ACCURATE TO/THE BEST OF MY KNOWLEDGE.
COUN	$\frac{6/29/69}{\text{DATE}}$

ADDITIONAL SHEET OF
ADDITIONAL RESPONSE TO QUESTION
APPLICABLE TO: COUNCILLOR CANDIDATE SPOUSE DEPENDANT CHILD
PERSON, ENTITY OR ORGANIZATION
ADDRESS:
ADDITIONAL RESPONSE TO QUESTION
APPLICABLE TO: COUNCILLOR CANDIDATE SPOUSE DEPENDANT CHILD
PERSON, ENTITY OR ORGANIZATION
ADDRESS:
ADDITIONAL RESPONSE TO QUESTION
APPLICABLE TO: COUNCILLOR CANDIDATE SPOUSE DEPENDANT CHILD
PERSON, ENTITY OR ORGANIZATION
ADDRESS:

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	ALL QUESTIONS MUST BE ANSWERED COMPLETELY AND LEGIBLY
1.	a. Your Name: Angela Gonzalez
	b. Your Residence: 116 S. Audubon Rd. #4, Indianapolis, IN 46219
	c. Your Business Address: 200 E. Washington St., Rm. 241T
	Indianapolis, IN 46204
2.	a. Did You Receive Compensation From Any Employers in the Prior Year?  YES   NO
If Yes.	, the Name and Address of all Such Employers
Emplo	over's Name: <u>City-County Council</u> (City of Indianapolis)
Emplo	over's Address: 200 E Washington St. Rm. 241 T
	Indianapolis, IN 46204
	[IF YOU HAD MORE THAN ONE EMPLOYER, USE ADDITIONAL SHEETS]
	b. Were You Self-Employed? YES NO _X_
If Yes,	the Nature of Such Business and the Name Under Which Conducted:
Nature	e of the Business:

3.	a. During the Prior Calendar Year, Did Your Spouse Receive Compensation in excess of \$5000.OO from an Employer? YES X NO
If Y	s, the Name and Address of Such Employer
Emp	loyer's Name: Concrete Contractors, Inc.
Emp	loyer's Address: 295 S. Muessing
-	loyer's Address: 295 S. Muessing Indianapolis, IN 46229
	OUR SPOUSE WAS PAID \$5000.00 BY ADDITIONAL EMPLOYERS USE ADDITIONAL SHEETS]
	b. During the Prior Calendar Year, Did Any of Your Dependant Children Receive Compensation in Excess of \$5000.00 from an Employer?  YES NO
If Yes	Compensation in Excess of \$5000.00 from an Employer?
	YES NO s, the Name and Address of Such Employer
Name	YES NO X

(i) Serve as an Officer of, (ii) Own an Equity Interest or Interest in the Earnings or Profits that Individually or in the Aggregate Exceeds 10%, in, or (iii) Directly or Indirectly Receive Compensation, in Aggregate in Excess of \$5000.0 During the Past Year, from Any Business that did Business with or Solicited Business with the City or County?
YES NO_X
If Yes, the Name and Addresses of Such Business Entities
Entity's Name:
Entity's Address:
[IF YOU, YOUR SPOUSE OR DEPENDANT CHILDREN HAD OTHER ENTITIES THAT MUST BE DISCLOSED ATTACH ADDITIONAL SHEETS]
5. Did You, Your Spouse, or any Dependant Child Serve as an Officer or Board Member of any Organization that Received or Applied for Funding from the City of County?  YES NOX
If Yes, The Name and Address of such Organization or Organizations:
Person Serving: Councillor: Spouse Dependant Child
Name of Organization:
Address of Organization:
[IF YOU, YOUR SPOUSE OR DEPENDANT CHILDREN HAD POSITIONS IN OTHER ORGANIZATIONS THAT MUST BE DISCLOSED ATTACH ADDITIONAL SHEETS

Did You, Your Spouse or any of Your Dependant Children Either

4.

6.	Except for Campaign Donations, Subject to IC 3-9-2 and Reported in Accordance with Law or Gifts from Persons Including Family Members with whom you have an On-Going Social Relationship not Related to Service on the Council Which are not Subject to Reporting on this form, did you Receive any Gifts, or Other Items, Valued Over \$100, or in the Aggregate over \$250, in the Prior Year From Any Person or Firm that does Business with or Seeks to do Business with the City or County or which Seeks to Influence Council Action?  YES \( \sum \) NO
If Yes	List the Names of Such Persons or Firms:
M	ministry clown troupe has received donations from area
	adianapolis-Marion County Library branches for performing at
	ministry clown troupe has received donations from area adianapolis-Marion County Library branches for performing at Library events (in aggregate not more than #400)
ABOV	CKNOWLEDGE THAT IF ANY ITEMS REPORTED IN ITEMS 1 THROUGH 4 VE CHANGE DURING THE YEAR I WILL UPDATE SUCH INFORMATION IIN 45 DAYS OF THE CHANGE.
If the S	Space Provided on this Form is Inadequate, Additional Sheets may be used to Provide the
	onal Information. Are You Attaching Additional Sheets?
	NO X
	How May Additional Sheets are Attached?
	· · · · · · · · · · · · · · · · · · ·
	IRM UNDER PENALTIES FOR PERJURY THAT MY STATEMENTS ARE
TRUE	AND ACCURATE TO THE BEST OF MY KNOWLEDGE.
	Ingele Conzaliz 6-5-09
COUN	ICILLOR Assistant Clark DATE

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	ALL QUESTIONS MUST BE ANSWERED COMPLETELY AND LEGIBLY
1.	a. Your Name: Na Trina S. Moffett
	b. Your Residence: 11624 Eldridge Dr. Inapls. IN 46235
	c. Your Business Address:
2.	a. Did You Receive Compensation From Any Employers in the Prior Year? YES NO
If Yes,	the Name and Address of all Such Employers
Emplo	ver's Name: City of Indianapolis/ City County Council
Employ	yer's Address: 200 & washington St., Suit 241
Jr	1dpls. JN 46204
	[IF YOU HAD MORE THAN ONE EMPLOYER, USE ADDITIONAL SHEETS]
,	b. Were You Self-Employed? YES NO
If Yes,	the Nature of Such Business and the Name Under Which Conducted:
Nature	of the Business:

Name under Which Such Business was Conducted:	
3.	a. During the Prior Calendar Year, Did Your Spouse Receive Compensation in excess of \$5000,000 from an Employer?  YES NO
If Y	es, the Name and Address of Such Employer
Em	ployer's Name:
Em	ployer's Address:
[IF	b. During the Prior Calendar Year, Did Any of Your Dependant Children Receive Compensation in Excess of \$5000.00 from an Employer?  YES NO
If Y	es, the Name and Address of Such Employer
Nai	ne of Dependant Child
Em	ployer's Name
Em	ployer's Address
	YOUR DEPENDANT CHILDREN HAD OTHER EMPLOYERS WHO PAID THEM OVER \$5000.00 USE DITIONAL SHEETS]

4.	Did You, Your Spouse or any of Your Dependant Children Either (i) Serve as an Officer of,
	(ii) Own an Equity Interest or Interest in the Earnings or Profits that Individually or in the Aggregate Exceeds 10%, in, or
	(iii) Directly or Indirectly Receive Compensation, in Aggregate in Excess of \$5000.00 During the Past Year, from Any Business that did Business with or Solicited Business with the City or County?
YES	NOV
If Yes	, the Name and Addresses of Such Business Entities
Entity	's Name:
Entity	's Address:
[IF YOU ATTACI	J, YOUR SPOUSE OR DEPENDANT CHILDREN HAD OTHER ENTITIES THAT MUST BE DISCLOSED HADDITIONAL SHEETS]
5.	Did You, Your Spouse, or any Dependant Child Serve as an Officer or Board Member of any Organization that Received or Applied for Funding from the City or County?  YES NO
If Yes,	The Name and Address of such Organization or Organizations:
Person	Serving: Councillor: Spouse Dependant Child
Name (	of Organization:
Addres	s of Organization:
[IF YOU, MUST BI	YOUR SPOUSE OR DEPENDANT CHILDREN HAD POSITIONS IN OTHER ORGANIZATIONS THAT E DISCLOSED ATTACH ADDITIONAL SHEETS

4.

6.	Except for Campaign Donations, Subject to IC 3-9-2 and Reported in Accordance with Law or Gifts from Persons Including Family Members with whom you have an On-Going Social Relationship not Related to Service on the Council Which are not Subject to Reporting on this form, did you Receive any Gifts, or Other Items, Valued Over \$100, or in the Aggregate over \$250, in the Prior Year From Any Person or Firm that does Business with or Seeks to do Business with the City or County or which Seeks to Influence Council Action?  YES NO	
If Yes, List the Names of Such Persons or Firms:		
ABC	ACKNOWLEDGE THAT IF ANY ITEMS REPORTED IN ITEMS 1 THROUGH 4 OVE CHANGE DURING THE YEAR I WILL UPDATE SUCH INFORMATION THIN 45 DAYS OF THE CHANGE.	
Addi YES	e Space Provided on this Form is Inadequate, Additional Sheets may be used to Provide the itional Information. Are You Attaching Additional Sheets? NO es, How May Additional Sheets are Attached?	
I AF	FIRM UNDER PENALTIES FOR PERJURY THAT MY STATEMENTS ARE LE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.	
cot	NCHELOR ASSISTANT CIETE DATE	

ADDITIONAL SHEET OF	
ADDITIONAL RESPONSE TO QUESTION	
APPLICABLE TO: COUNCILLOR CANDIDATE DEPENDANT CHILD	_ SPOUSE
PERSON, ENTITY OR ORGANIZATION	
ADDRESS:	
ADDITIONAL RESPONSE TO QUESTION	
APPLICABLE TO: COUNCILLOR CANDIDATE DEPENDANT CHILD	
PERSON, ENTITY OR ORGANIZATION	
ADDRESS:	
ADDITIONAL RESPONSE TO QUESTION	
APPLICABLE TO: COUNCILLOR CANDIDATE DEPENDANT CHILD	
PERSON, ENTITY OR ORGANIZATION	
ADDRESS:	

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Failure to file this form in a timely manner may subject the Councillor or candidate to sanctions by the Ethics Committee of the City-County Council.

<b>b. Your Re</b> : <u>5336</u>	Norwado Aug.
Findpls	IN 46220
	iness Address: Lashington St. Rm 241
	IN 44204
ı. Did You YES <u>X</u> NO	Receive Compensation From Any Employers in the Prior Year?
a. Did You YES <u>X</u> No	Receive Compensation From Any Employers in the Prior Year?
a. Did You YES <u>X</u> No If Yes, the N Employer's	Receive Compensation From Any Employers in the Prior Year?  Name and Address of all Such Employers  Name:
a. Did You YES <u>X</u> No If Yes, the N Employer's	Receive Compensation From Any Employers in the Prior Year?

If Yes, the Nature of Such Business and the Name Under Which Conducted:

	under Which Such Business was Conducted:
excess	ring the Prior Calendar Year, Did Your Spouse Receive Compensation in of \$5000.00 from an Employer?NO
If Yes	, the Name and Address of Such Employer
Emple	oyer's Name:
Emple	oyer's Address:
Comp	ing the Prior Calendar Year, Did Any of Your Dependant Children Recensation in Excess of \$5000.00 from an Employer?NO
-	
If Yes	the Name and Address of Such Employer
	the Name and Address of Such Employer
Name	of Dependant Child
Name Emplo	of Dependant Child

(1) Serve as an Officer of,	Did You, Your Spouse or any of Your Dependant Children Either (i) Serve as an Officer of,			
(ii) Own an Equity Interest or Interes	est in the Farnings or Profits that Individually			
(ii) Own an Equity Interest or Interest in the Earnings or Profits that Individual or in the Aggregate Exceeds 10%, in, or				
(iii) Directly or Indirectly Receive Compensation, in Aggregate in Excess of \$5000				
During the Past Year, from Any Business that did Business with or Solicited Business with the City or County?				
If Yes, the Name and Addresses of Such Business Entities				
Entity's Name:				
Entity's Address:				
LIE VOU VOUR SPOUSE OR DEPENDANT (	CHILDREN HAD OTHER ENTITIES THAT MUST BE			
DISCLOSED ATTACH ADDITIONAL SHEETS				
	ndant Child Serve as an Officer or Board eceived or Applied for Funding from the City of			
County?	eceived of Applied for runding from the City (			
YES NO <u>/</u>	17/18			
If V = The Name and Address of any				
If Yes, The Name and Address of such Organization or Organizations:				
Person Serving: Councillor: Spoo	use Dependant Child			
Name of Organization:				
Name of Organization:				
Name of Organization:  Address of Organization:				

ORGANIZATIONS THAT MUST BE DISCLOSED ATTACH ADDITIONAL SHEETS

6.	Except for Campaign Donations, Subject to IC 3-9-2 and Reported in Accordance with Law or Gifts from Persons Including Family Members with whom you have an On-Going Social Relationship not Related to Service on the Council Which are not Subject to Reporting on this form, did you Receive any Gifts, or Other Items, Valued Over \$100, or in the Aggregate over \$250, in the Prior Year From Any Person or Firm that does Business with or Seeks to do Business with the City or County or which Seeks to Influence Council Action?  YES NO
	If Yes, List the Names of Such Persons or Firms:
7.	I ACKNOWLEDGE THAT IF ANY ITEMS REPORTED IN ITEMS 1 THROUGH 4 ABOVE CHANGE DURING THE YEAR I WILL UPDATE SUCH INFORMATION WITHIN 45 DAYS OF THE CHANGE.
	If the Space Provided on this Form is Inadequate, Additional Sheets may be used to Provide the Additional Information. <b>Are You Attaching Additional Sheets?</b> YES NO <u>&gt;</u> If Yes, How May Additional Sheets are Attached?
	IRM UNDER PENALTIES FOR PERJURY THAT MY STATEMENTS ARE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.
COUN	MONE Trampsor  CILLOR  DATE

ADDITIONAL SHEET OF	
ADDITIONAL RESPONSE TO QUESTION	
APPLICABLE TO: COUNCILLOR CANDIDATE _ DEPENDANT CHILD	SPOUSE
PERSON, ENTITY OR ORGANIZATION	
ADDRESS:	
	·····
ADDITIONAL RESPONSE TO QUESTION	
APPLICABLE TO: COUNCILLOR CANDIDATE _ DEPENDANT CHILD	
PERSON, ENTITY OR ORGANIZATION	
ADDRESS:	
ADDITIONAL RESPONSE TO QUESTION	
APPLICABLE TO: COUNCILLOR CANDIDATE DEPENDANT CHILD	SPOUSE
PERSON, ENTITY OR ORGANIZATION	
ADDRESS:	